Preparing Together For Birth And Beyond

A Consumer Guide to the Maternity Services in Ireland

Cuidiú
Irish Childbirth Trust
FOREWORD

Welcome to Preparing Together For Birth And Beyond - A Consumer Guide to the Maternity Services in Ireland. Cuidiu - Irish Childbirth Trust hope this will provide information which will assist you to make choices about childbirth.

It is four years since the second edition of A Consumer Guide to the Maternity Units in Ireland was published by the Irish Association for Improvements in Maternity Services (IAIMS). The Cuidiu - ICT Guide has been expanded to offer additional hospital information and also, for the first time, gives information about the independent midwives who provide a Homebirth Service.

Cuidiu - ICT is a parent-to-parent voluntary support group. Cuidiu means 'caring support' in Irish. We are a registered charity providing support for families throughout all stages of parenthood - from pregnancy to adolescence.

Education and Support for Parenthood is our motto.

Cuidiu - ICT has key activities which are:
- Antenatal Classes
- Breastfeeding Counselling
- Postnatal Support

We provide education in a number of ways: Antenatal classes, Seminars and talks, Training courses, Annual Conference, Library service, Parenting information literature and Parenting courses.

We offer support in the form of:
Postnatal Support, Motherlink groups, Fatherlink groups, ‘Humpty Dumpty’ Toddler groups, Family Days, National newsletters, Local Events sheets, Breastfeeding Counsellors and Breastfeeding Support Groups.

We are indebted to the Health Promotion Unit for their financial contribution towards the overall cost of this project and to the foresight of Dee Neeson, Bema O’Hanrahan, Daphne Passmore, and other members of the now disbanded IAIMS who pioneered the earlier Consumer Guides.

If you are expecting a baby when looking through this Consumer Guide, we offer you our congratulations. We wish you a healthy and happy pregnancy and birth, and a fulfilling experience of parenthood.

Sue Jameson,
President
Cuidiu - Irish Childbirth Trust

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MAP OF MATERNITY SERVICES

- Maternity hospital or unit
- Independent Midwife
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HOW THIS GUIDE WORKS

This Guide provides information about the Maternity Services in the Republic of Ireland. Early in 1999 we sent a postal questionnaire to all 24 hospital units and 12 independent midwives seeking details of practices and policies. We did not set out to find a best maternity unit/service. That depends so much on an individual woman’s wishes.

We have attempted to show the range of the options available by giving each hospital a two page entry in the Guide. We also include a two page summary of the responses received from the independent midwives.

We asked each hospital/unit or midwife to provide information on the following areas:

- GENERAL INFORMATION - ADDRESS/PHONE/FAX
- ANTENATAL CARE
- ANTENATAL EDUCATION
- LABOUR
- DELIVERY
- CAESAREAN SECTION
- SPECIAL CARE
- POSTNATAL WARD/IMMEDIATE POSTNATAL CARE
- POSTNATAL PERIOD
- SPECIAL NEEDS/UNUSUAL CIRCUMSTANCES
- DEVELOPMENTS AND SERVICES

All information in this Guide was supplied by each Maternity Service Provider. They were also given an opportunity to correct any factual errors prior to printing.

Any remarks printed within quotation marks are direct quotes from the returned questionnaires.

Cuidiu - ICT is not responsible for the accuracy of such information or for alteration in policies or practices.

If there are any terms or abbreviations that you are not familiar with please check the Glossary on page 74.

Whilst we are conscious of the involvement and valuable role of fathers we have addressed the comments to mothers for ease of expression.

If your experience of services provided is very different from those described in this Guide, we suggest that you speak to the individual unit or hospital about this.

Consumer feedback: All hospitals stated that they have someone available if you wish to return to discuss your hospital experiences.

Remember that most health professionals genuinely want you to have a good experience in their hospital. They rely on your feedback to ensure their services are responsive to women’s needs. If you are unhappy with any aspect of your care - let the hospital know. Of course if you are particularly happy about your experience - make sure you pass that on also!
There are several options available to you about where you have your antenatal care, where you choose to have your baby and who foots the bill! These options include combined antenatal care, public care, semi-private care, private care and the domiciliary midwifery service ("Homebirth").

**Combined Care**
The most popular option for antenatal visits appears to be combined care (or shared care). This is where your GP provides most of your antenatal care and you only visit the hospital early in pregnancy and during the last weeks. Check with your GP that he/she provides this service or ask your local Health Board for a list of GPs who participate in the Maternity and Infant Care Scheme.

Combined Care is an option for public, semi-private and private patients. Some private obstetricians are happy for their patients to make antenatal visits to the GP and may reduce their fee accordingly.

**Public Care**
Every woman is entitled to free maternity care. This is irrespective of whether or not you have a medical card, Private Health Insurance (e.g. VHI, BUPA-Ireland) or are a member of a Health Care Cash Plan (e.g. Hospital Saturday Fund).

Public care includes all antenatal care, all care during labour and childbirth, and all postnatal care. It covers all hospital accommodation costs for you and your baby.

At the public antenatal clinics in your hospital attempts may be made to ensure that you see the same doctor each time (continuity of care). Sometimes it will be a case of 'potluck'!

Several hospitals offer public patients the choice of attending the Midwives’ Clinic. These clinics are staffed by experienced midwives. The clinics are for women with uncomplicated pregnancies, offering continuity of care. Each hospital sets its own criteria for those women who can attend the Midwives’ Clinic, so check with the hospital if you are interested in this option.

During labour and usually during delivery you will be cared for by the hospital midwives. You may not need to see a doctor at all. If you need an assisted birth or Caesarean Section, you will be delivered by the doctor on duty. You may not have met any of these midwives or doctors before.

After your baby’s birth you will stay in a public ward.

**Semi-private Care**
Semi-private care appears to mean different things in different hospitals. Sometimes it means that you see a consultant privately when you are pregnant but your baby will be delivered by whichever doctor is on duty. Another system is where you attend a ‘Semi-private Clinic’ run by a consultant and senior members of his team. Someone from the team is generally available for the delivery of your baby.

After delivery you usually stay in a semi-private ward which may mean sharing with up to five other mothers.

**Private Care**
If you have private antenatal care you will see your own consultant at each antenatal visit either in the hospital or in the consultant's private rooms. The private option means that you see the same person at each visit.

The consultant is usually present for the birth of your baby but please note that there can be no guarantee of him/her being at the delivery. He/she will usually make alternative arrangements for cover with a consultant colleague if he/she anticipates being away for your due date.

After the birth there should be a degree of privacy as you will usually stay in a private room. However you may have to spend some/all of your stay in a public or semi-private ward if a single room is not immediately available.

Ultrasound scan of a twelve week fetus.
WHICH HOSPITAL TO CHOOSE

Homebirth
During 1998, twelve independent midwives in the Republic of Ireland gave private care to over 200 women. Independent Midwives provide a range of antenatal services and offer continuity of care. They deliver your baby in your own home and visit you daily for about ten days after your baby's birth.

Each Health Board has a legal obligation to provide domiciliary midwifery services if this is your choice (The Health Act of 1970). Assistance with funding for this option may be available from the Private Health Insurance companies, Health Care Cash Plans and Health Boards. Contact the Home Birth Association for further details (see Useful Contacts at the back of the Guide).

Early Discharge from Hospital/Domino/Limited Homebirth Service
Several hospitals have started new services which give women wider choices around childbirth and early postnatal care.

University College Hospital, Galway offers Outreach Midwifery, Domiciliary Care In-and-Out of Hospital (Domino) and Home from Home Delivery.

The National Maternity Hospital, Dublin offers an Early Discharge Programme and a limited Homebirth Service.

The Coombe Women’s Hospital, Dublin also stated that they are developing an Early Discharge Programme.

Louth County, Dundalk said that Homebirth Service was being developed - no details given.

Our Lady of Lourdes, Drogheda stated that “home delivery could be facilitated”.

In 1998 over 99% of women in Ireland gave birth in hospital. Most women opt for the hospital that is nearest to their home or the one that is recommended by their GR. Many women are influenced in their choice by the experiences of family members or friends.

Whilst all maternity hospitals offer a basic range of services for the pregnant woman and the new mother, there are some situations that may make a hospital more or less appropriate for you. If there is an aspect of particular importance to you, we suggest that you check directly with the hospital concerned. The physical accommodation of hospitals varies considerably regarding size, comfort and bathroom facilities. Perhaps you want to know what the antenatal wards, labour and delivery areas, bathrooms and postnatal wards are like. You may wish to see what this Guide has to say before you choose where to have your baby. You may even decide to go and look around.
WHAT TO EXPECT

From our survey, it seems that some aspects of care form a common experience for the majority of women. We have therefore outlined below what you might typically experience going through the Irish maternity services. Unless otherwise stated the information relates to what to expect with a straightforward pregnancy and delivery - obviously complications may alter circumstances.

Whatever a hospital's usual practice, you actually don't have to do anything you don't want to! Nor do you have to agree to any form of treatment/care/feeding method for your baby with which you are unhappy. See Appendix A regarding your rights as a hospital patient.

Antenatal Care
You will probably visit your GP early-on to confirm your pregnancy and get a letter of referral to the hospital of your choice. At around 12 to 14 weeks you will have your first clinic appointment at the hospital, known as the Booking Clinic. The usual tests done at this appointment include blood tests, blood pressure, urine tests and sometimes a weight check. You will usually be offered an ultrasound scan at about 16 weeks. You will probably opt for combined antenatal care with your own GP in which case you attend the hospital about five times in your pregnancy and visit your GP about seven times.

Antenatal Classes
If you attend antenatal classes at the hospital, you will be informed about a number of topics: Foetal Development; Emotional changes in pregnancy; Exercise in pregnancy; Nutrition in pregnancy; Relaxation; Positions in labour; Breathing techniques; When to go into hospital; Pain Relief; Partner's role in labour; Breastfeeding, Contraception; Pelvic floor care.

Some hospitals cover bottle-feeding and parenting skills in the classes. Your hospital may include additional topics. Whilst birth plans are not always included as a topic in hospital classes, if you want to draw one up this will be "facilitated".

Some hospitals charge for antenatal classes so do check if that is the case before you book your course and ask whether or not your partner should attend each class.

Some Health Boards offer antenatal classes in the community or you may choose to attend classes with independent teachers (e.g. Cuidiu - ICT Classes). All hospitals are happy for you to visit the labour ward even when you are not attending the hospital classes.

Labour
When you arrive at the hospital in labour you will be met by a midwife who will take you through the admission procedure. This usually includes noting your account of how labour started, checking your temperature, pulse, blood pressure and urine. The midwife will feel your abdomen to find out the baby's position and will listen to the baby's heart. You will have an internal examination to assess how labour is progressing and electronic monitoring is usually done for 20 to 30 minutes. It is unlikely that you will be given an enema or shave as part of routine admission procedure, although these were once common.

Your partner/birth companion will be welcome to stay with you for most of your labour but may be asked to leave during internal examinations. You may have the baby's father as your birth companion or you may choose someone else such as your mother, sister or friend. Most hospitals will allow you only one birth companion unless there are special circumstances and prior arrangements have been made.

For as long as you are comfortable, possibly throughout your labour, you will be encouraged to walk around if you wish. You will have access to a bath or a shower for washing, or as a means of relaxation/relieving discomfort.

Once you are in established labour you will probably be restricted in what you are allowed to eat and drink. This is commonly 'iced water only' although a few hospitals allow a 'light diet'.

You may find that you can manage your labour with the support of your birth companion and the midwife. They can assist you with changes of position, breathing techniques, massage and psychological support.

Methods of pain relief for labour vary from hospital to hospital but epidural, Pethidine, TENS, and Entonox appear to be widely available. Only a few units offer alternative therapies (e.g. homeopathy, hypnotherapy, aromatherapy...) or allow an alternative therapy practitioner to accompany you.

Water birth is not an option offered by any hospital in Ireland (Birthing pools are available for hire for home-births).

If your labour is normal you will have intermittent monitoring of the baby's heartbeat by Pinard's Stethoscope or Sonicaid. The criteria for continuous monitoring depend on the hospital policy or the individual obstetrician. However, if you have an epidural, Pethidine, or if there is any complication, you will have continuous electronic monitoring.
Many hospitals set time limits for each stage of labour (Active Management of Labour). Your labour may be speeded up by the use of an Oxytocin drip.

**Delivery**

You usually give birth in the same single room where you spend the latter part of your labour. Birthing beds are available in some units and many hospitals stated a flexible approach to the position in which a mother may give birth.

You are likely to have a normal (vaginal) delivery. Your birth companion may stay with you for the delivery. In 1998 over two-thirds of women had a normal delivery and about one in eight women had an assisted delivery by vacuum or forceps.

In 1998 about one in six women had a Caesarean Section. Some hospitals permit the partner in the operating theatre if the Caesarean Section is under an epidural or spinal anaesthetic, but usually not where a general anaesthetic is used.

After your baby is born the mother will normally have an injection to speed up the delivery of the placenta and the cord will be cut promptly (Active Management of the third stage of labour). Some hospitals permit natural third stage management (which means that they will let the placenta come away naturally). Sometimes hospitals let the father cut the umbilical cord if he requests to do so.

Your baby may have an injection of Vitamin K soon after birth as many doctors believe this assists blood clotting. Vitamin K is sometimes given orally.

**Postnatal**

On the postnatal ward, you will be shown how to bath your baby and change nappies, how to care for the umbilical cord and keep the baby warm. You will be encouraged to breastfeed and offered support which will include assistance with early feeds and showing you positions for breastfeeding. If you choose to formula feed you will be shown how to safely make up and store bottles of formula. You may choose the brand of formula milk you prefer.

Many hospitals provide only a drink between 6pm and 7.30am but a few offer biscuits, scones or sandwiches at around 8pm (which can be really important, particularly to the breastfeeding mother).

A physiotherapist will see you on the postnatal ward and give you advice on suitable exercises to assist in the recovery from the birth. Most hospitals have a Stress Incontinence Programme for those women who suffer from longer-term pelvic floor problems after the birth.

The heel prick test for metabolic disorders (PKU/Guthrie Test) is done on your baby four or five days after birth either in hospital or in the community.

Some Health Boards have a policy of vaccinating newborn babies against tuberculosis. If your baby is born in the Southern, Western and North Western Health Boards this vaccine (BCG) is not given to babies but is given in the teenage years.

If this is your first baby you will generally stay in hospital for around four days if you have had a vaginal delivery and around seven days if you have had a Caesarean Section.

**At Home**

The hospital will notify your local Public Health Nurse of your baby's birth. She will visit you and your baby within a few days and will be able to offer you support and information. The Public Health Nurse, who is also a qualified midwife, will maintain contact with you throughout your baby's early childhood.

When you leave the hospital your GP will usually have been informed, but you might like to let him/her know you and the baby are home. The community health care professionals - Public Health Nurse, Area Medical Officer, GP and sometimes a Practice Nurse - offer a number of services to the new mother and her baby, e.g. baby clinics, advice and encouragement with breastfeeding, immunisation.

Most hospitals stated that they continue to offer support for up to six weeks after your baby's birth. This may take the form of: emergency 24-hour mother and baby services, a drop-in baby clinic, breastfeeding clinic or telephone contact person/helpline.

You will have a postnatal check-up when your baby is about six weeks old - done at the hospital or with your GP. This is done to assess your recovery from the pregnancy and childbirth. A cervical smear test is generally available at this examination. However some doctors prefer this to be done three months after a baby's birth because they feel it gives a more reliable result.
SPECIAL /ADDITIONAL CONSIDERATIONS

Pre-conceptual services
A few hospitals offer pre-conceptual services, i.e. advice about optimal health/fertility in the period before you get pregnant. This service is mainly for those who have previously lost a baby. Your GP may also offer this service.

Genetic Counselling
- Does your hospital or GP offer genetic counselling?
- Is referral necessary and to where might you be referred?

Antenatal Care
- The times and location of antenatal clinics vary and may prove to be the deciding factor in planning your care. Not all clinics are on the hospital site.
- It may be awkward if you have to take along another child to each hospital appointment. To date no hospital provides a creche in the antenatal clinic but three hospitals have an unsupervised play area.
- If you are concerned about the health of your baby in early pregnancy speak to your GP or obstetrician. You may need to be referred to another centre for specialised tests like Amniocentesis or Chorionic Villus Sampling.

Antenatal Classes
A number of factors may influence your choice of which classes to attend.
- Where are the antenatal classes held?
- What times are classes held?
- Is the baby's father welcome at all classes?
- What is the cost of classes? - There is a charge for private classes and some hospital classes.
- What is the size of the group? This is normally smaller in private classes - some teachers even offer a service where they will teach an individual couple at home.
- What is the class content? There are a variety of types of class available so ask around for the mix you are looking for. Particular emphasis may be placed on: information-giving; informal discussion; antenatal exercises; relaxation techniques; Yoga; breathing exercises; Active Birth; practical babycare; demonstrations of baby equipment; breastfeeding preparation.

Multiple Pregnancy
- Does your hospital deal with many multiple births?
- Aware that the diagnosis of multiple pregnancy can come as a shock to some parents, we asked "Have the people who diagnose multiple pregnancies during ultrasound scanning received special training in communicating this information to the parents?" Most hospitals stated that their ultrasonographers had received special training, but few elaborated.

Disability
- If you or your partner have a disability the hospital's attitude may make all the difference to you. All the hospitals replied that they offer support to patients with disabilities and yet few gave any details of what help they offer.
- A few hospitals have a named officer responsible for ensuring that the hospital is accessible to patients with disabilities. Nearly all have parking spaces for disabled drivers. Entrances to buildings and some toilets are generally wheelchair accessible.
- There are procedures in place in some hospitals for people with communication difficulties. We have indicated in the text the answers given on how they assist patients who are non-English speaking, non-speaking, hearing impaired or visually impaired.

Antenatal Ward
- Sometimes it is important for you to be admitted to hospital during your pregnancy. You may need to spend some time in the antenatal ward, for example if you are excessively sick, lose any blood or if you have raised blood pressure.
- The hospital may need to assess baby's well-being whilst still in the womb. This may be done in a department known as Fetal Assessment Unit.

Planned Caesarean Section/Induction
- You may need to be admitted to hospital for a planned Caesarean Section before you reach full term. (e.g. if the placenta lies near the entrance of the womb, or if you develop pre-eclampsia). The medical staff should discuss with you the reasons why an operation may be necessary.
- You may be admitted to hospital for induction of labour. Induction is commonly done for conditions of pregnancy, concerns about the baby's health in the womb and post-maturity (i.e. when the baby is more than one week overdue). Criteria for induction vary and you should discuss these with your doctor. If induction becomes necessary, the usual method of induction is by prostaglandin gel/pessary inserted vaginally, then Artificial Rupture of the Membranes is performed (i.e. the waters are broken).
Labour

- If you want an epidural, check if it is readily available at all times. Availability may depend on anaesthetists staffing levels in some hospitals.
- Should you want a form of pain relief that is not standard for your hospital e.g. acupuncture, you should discuss your options with hospital staff in the antenatal period.

Delivery

Some hospitals have a policy of performing a Caesarean Section in certain circumstances (e.g. multiple pregnancy/breech presentation in a first-time mother). If you want a vaginal delivery then discuss this with the medical staff in the antenatal period rather than waiting until you are in labour! If you wish to try for a normal labour after a previous delivery by Caesarean Section you should discuss your choices with the hospital staff.

Postnatal Care

Family planning services are now available in most hospitals. Information is provided on the oral contraceptive, barrier methods, the intra-uterine device and some hospitals give advice on the natural or Billings’s method. Most hospitals offer Tubal Ligation.

Bereavement Support

Although stillbirth and neonatal death are rare events, when a baby dies it is important that a hospital provides caring and sensitive support to the grieving parents. Each hospital was asked “What special support is available to parents who have suffered stillbirth or miscarriage?” Their replies are recorded under each hospital entry.

Help at Home

If you have housing, financial or other particular problems speak to the Social Work Department before you leave the hospital.

Most new mothers find that they need lots of help around the house whilst learning how to care for a new baby and recover from the birth. Many experienced parents say “take all the offers of help you can get!” Cooking, shopping, school runs, laundry, cleaning, care of older children is where grandparents, family and friends can really help.

In special circumstances, you may avail of the Home-help service - ask your Public Health Nurse about this.

Intensive Care

Many hospitals have intensive care facilities, known as NICU (Neonatal Intensive Care Unit) or SCBU (Special Care Baby Unit). These units care for the very small, premature or ill babies.

The number of special care cots in the hospital and whether or not there is a full-time Paediatrician or Neonatologist is shown in the hospital entry.

Some hospitals have a room where parents may stay if the baby is in NICU and this may be important if you live a long way from the hospital.

Every hospital has stated that a mother wishing to breastfeed her baby in NICU will have the following: encouragement; additional support; training in hand expression; training in the use of pumps; storage facilities for milk; use of the hospital electric pump. Some hospitals have a quiet room available for expressing milk and/or the loan of a breast pump for home use.
This Guide and the previous guides trace a number of trends in maternity care and services. Anecdotal sources and media comment also suggest changing patterns.

**General**

- The number of births in Ireland is increasing.
- Four maternity units have closed since 1995.
- Smoking is not permitted. Most hospitals allow smoking only in very restricted areas (Tobacco Health Promotion and Protection Regulations 1995).
- Visiting arrangements have become more liberal. ‘Open visiting’ is the norm for partners and children are also now being allowed to visit.
- Three maternity hospitals now have a Patients’ Advisory Council whose brief is to represent the Consumer view to the hospital administration.

**Antenatal Care**

- Women are recommended to take folic acid tablets before becoming pregnant and during the first three months of pregnancy.
- Not all obstetricians recommend supplementary iron tablets throughout pregnancy.
- More women are having ultrasound scans - almost all routinely have a scan early in pregnancy.
- Some hospitals have introduced patient-held records i.e. the mother keeps her file and brings it with her when she attends GP/hospital.
- Midwives’ Clinics have started in some hospitals.

**Labour**

- Procedures routinely done on admission now rarely include shave and enema.
- Mothers report an increase in the use of electronic foetal monitoring for 20 - 30 minutes on admission to hospital.
- Electronic Foetal Monitoring which is used continuously throughout labour appears to be commonplace.
- Birth Plans are increasingly facilitated but are not universally encouraged.
- There seems to be a wider choice in pain relief e.g. TENS has become more available, a few hospitals offer staff trained in aromatherapy and reflexology.
- Most hospitals stated that they try to give one-to-one midwifery support in labour.
- The numbers of women opting for epidural appears to be increasing. In one unit 90% of first time mothers opted for epidural. Some small units provide only a limited epidural service and this may be the reason for a low epidural rate in particular hospitals.

**Delivery**

- Mothers may generally choose their own position for giving birth although epidural may restrict movement and limit options. Whilst most hospitals have birthing beds, the use of a birthing chair remains unusual.
- No hospital has facilities for a water birth.
- Episiotomy appears to be less common.
- Some hospitals did not give us their rates for assisted vaginal deliveries. However, it seems that rates of Forceps delivery are reducing and rates for Ventouse delivery rising.
- There appears to be some flexibility in the management of the Third Stage of Labour (delivery of the placenta) with some hospitals willing to accommodate mothers who wish for a natural third stage.

**Caesarean Section**

- Caesarean Section rates have increased with the national rate for 1998 being 17.8% (figures based on 23 out of 24 hospitals).
- There is a trend towards spinal/epidural anaesthesia rather than general anaesthesia.

**Intensive Care**

- More units have a full time Neonatologist.
- More hospitals are providing parents’ accommodation in NICU/SCBU.

**Postnatal Care**

- Few hospitals routinely put babies into the nursery at night.
- The average length of stay in hospital has shortened.
- Early discharge schemes have begun in Dublin and Galway.

**Infant Feeding**

- More mothers are choosing to breastfeed their babies.
- Hospital attitudes towards supporting breastfeeding appear to be improving with awareness of the importance of early feeds, improved staff training, and less separation of mothers and babies.
- All hospitals stated that where a mother chooses to formula feed her baby the choice of brand used may be made by her.
- Glucose is now seldom given and water only occasionally given as a supplementary food to babies.
- As yet there is no hospital in Ireland which has a milk bank for collecting, pasteurising and storing donated breastmilk.
BREASTFEEDING

In 1994 the Department of Health published a new national policy to promote breastfeeding. A National Breastfeeding Policy For Ireland 1994 has had implications for hospital practices. We highlight three of the policy recommendations below:

1. **An overall breastfeeding initiation rate of 50% by the year 2000**
   The national rate for initiating breastfeeding appears to be around 40% based on the replies of 22 hospitals. (Two hospitals failed to give us this information - The Coombe Women's Hospital, Dublin and Mayo General Hospital). Initiation rates of 45% and above have been achieved in some hospitals notably Bons Secours, Cork; Mount Carmel Hospital, Dublin; National Maternity Hospital, Dublin; University College Hospital, Galway.
   For those mothers who had planned homebirths the initiation rate was 99 - 100%.

2. **All Maternity Hospitals and units to have a breastfeeding policy and lactation team in place by early 1995**
   In June 1999 all but one maternity unit had a written breastfeeding policy in place. Our survey shows only ten hospitals in Ireland have a qualified Lactation Consultant or a trainee as a member of staff.

3. **By early 1995 the national structures necessary for Ireland's participation in the Baby Friendly Hospital Initiative (BFHI) should be in place**
   This World Health Organisation/UNICEF Initiative is a programme which aims to improve facilities for breastfeeding mothers (see Appendix B). If a hospital satisfies certain 'breastfeeding friendly' criteria in its practices, then it may be awarded a special "WHO/UNICEF" "Baby Friendly" status.
   From our survey we found that most hospitals have implemented at least some of the ten points of the criteria:
   - Babies are usually offered their first feed within a half hour of birth.
   - All new mothers have midwives on hand to help and support them with breastfeeding.
   - The majority of hospitals have midwifery staff who have attended the recommended Breastfeeding Management Training course for health professionals.
   - Baby-led feeding is encouraged.
   - On the postnatal ward, a mother is allowed to keep her baby with her at all times, day and night. A few hospitals permit a mother to keep her baby in bed with her at all times if she wishes.

   No hospital has yet achieved accreditation as a Baby Friendly Hospital.
   Two hospitals have been awarded Certificates of Commitment to the BFHI:
   - National Maternity Hospital, Dublin
   - St. Munchin's Regional, Limerick
   The following seven hospitals/maternity units have been granted Certificates of Application to the Baby Friendly Hospital Initiative:
   - Letterkenny
   - Louth County, Dundalk
   - Portiuncula, Ballinasloe
   - St Luke's, Kilkenny
   - University College Hospital, Galway
   - Waterford
   - Wexford

**Support Groups**

A National Breastfeeding Policy for Ireland also recommended that "Mothers should be informed while in hospital of various breastfeeding support groups in the community e.g. La Leche League and the Irish Childbirth Trust". The Policy recognised the value of mother-to-mother support as being of great significance in the maintenance of breastfeeding.

Both Cuidiu - Irish Childbirth Trust and La Leche League of Ireland have groups in many areas of the country. They provide informative literature about breastfeeding, telephone counselling and regular meetings. You are welcome to attend these meetings whilst pregnant as it can help to meet other breastfeeding mothers. You do not have to wait until you have had your baby!
Cavan General Hospital
Cavan Co. Cavan
Telephone: (049) 61388/61065

GENERAL INFORMATION

NO. OF MATERNITY BEDS:
- 24 public
- 3 semi-private
- 3 private

NO. OF OBSTETRICIANS:
- 3

NO. OF BIRTHS IN 1998:
- 841

MULTIPLE BIRTHS (LAST 5 YEARS):
- 47 sets twins
- 0 sets triplets

ANTENATAL CARE

- Referral letter needed from GP.
- There is an appointments system.
- Clinic times:
  - 8.30am – 1pm Mon/Wed/Fri.
- Play area for other children (must be supervised by parents).
- Continuity of care: Doctor will see a member of the same team each visit.
- 100% of patients opt for combined care.
- Refreshments available from cafeteria, vending machine and “volunteers' stall in OPD”.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information and Parenting.
- 90% of mothers scanned “as early as possible – on 1st hospital attendance” “Before 18 – 20 weeks”.
- Amniocentesis is not available.
- Women with breech presentations are “seen by consultant at all visits, ultrasound scan as necessary”.

15% of antenatal staff have attended
WHO/UNICEF Breastfeeding Programme

ANTENATAL CLASSES

TIMES:
- 5 morning classes: 11am – 12pm
- 1 final class in evening 7pm – 8pm

CHARGE:
- none

AVERAGE CLASS SIZE:
- 15

- Partners are encouraged to attend “specific class for partners”.
- Birth plans are not routinely discussed.
- Usual topics covered except Bottle-feeding and Birth plans.

100% of those giving classes have attended
WHO/UNICEF Breastfeeding Programme

LABOUR

- Accommodation: 4 single rooms
- Access to bath.
- Birth companion (1) welcome at all times except during examinations.
- Birth plans facilitated “where possible. To date they have not been commonly used”.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife shared with another mother.
- Walking encouraged “with intact membranes”.
- Mother may take “iced water”.

EPIDURAL: available
EPIDURAL RATE: 15% “Epidural rate has doubled in last 6 months.”
OTHER PAIN RELIEF: Psychrophylaxis.
Entonox, Pethidine and TENS

- Induction rate: “no stats available on this but thought to be in the region of 40% overall”.
- Criteria for inducing labour: “Decreased liquor pools, Post maturity, PET, IUGR”.
- Acceleration of Labour rate: “no information available”
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography

DELIVERY

- Mother delivers in the same single room in which she was during labour.
- 3 birthing beds available.
- Partner/companion welcome at normal vaginal delivery. All other deliveries “at consultant’s discretion”.
- The mother is free to choose her own position for delivery.
- Lithotomy position used “(1) for instrumental deliveries, (2) to facilitate perineal repair, (3) for examination/exploration of uterus following PPH”. (Post partum haemorrhage: a heavy bleed after childbirth.)

EPISIOTOMY RATE:

- Primips 50%
- Multips 7.5%

VENTOUSE DELIVERY RATE:
- 9.4%

FORCEPS DELIVERY RATE:
- 2.37%

VAGINAL BREACH DELIVERY:
- 0.5%

VAGINAL DELIVERY OF TWINS:
- 1.18%

- Cord cut by the midwife when pulsation ceases.
- Syntometrine given routinely “Watch for signs of separation – 3rd stage delivered by controlled cord traction”.
- Natural third stage management is permitted on request.

90% midwives in delivery room have attended
WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION

- Caesarean Section rate: 24%
- Methods of anaesthesia used:
  - General anaesthetic 70%
  - Spinal anaesthetic 20%
  - Epidural 10%
- Vaginal deliveries after previous Caesarean: There is no hospital policy but “mamilional request is a consideration”.
- Additional skilled assistance for breastfeeding mothers: “Midwife assists the mother to ‘catch’ her baby on as soon as possible and usually within 1 hour of delivery”.

SPECIAL CARE UNIT

- 22 special care cots.
- Full-time Consultant Paediatrician cover in the Hospital.
- Open visiting for parents.
- Room available for parents to stay “if available”.
- Hot refreshments available “in canteen downstairs”.
- Kangaroo care is not practised.
- Mother can feed the baby on demand.
- Breastfeeding mothers are given: All facilities (see introduction) and also loan of pump for home use and a quiet room for expressing.
- If the mother of a breastfeeding baby is discharged before her baby: “Express and store milk. Breastfeeding encouraged. Privacy and assistance facilitated as much as possible when visiting baby in unit”.
- Mother’s own milk or formula used to supplement or compliment.
- Methods: Tube or bottle.
- Multiple births: “Leaflets given including information re. Social Welfare entitlements. See Social Worker if requested/required.”
COUNTY CAVAN

- Information leaflets: “Care of baby, feeding, bathing”.

100% of neonatal nurses/80% of midwives have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL WARD

- Vitamin K given to all babies.
- BCG given in the hospital.
- No routine tests on babies except heel prick test.
- Baby stays with mother all the time and can sleep in cot at mother’s bedside or in nursery.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother’s own milk or formula.
- Access to food between evening meal and breakfast: “None, except when they provide their own meals”, “In process of providing a day room with buffet breakfast”. Microwave available on ward.
- Visiting: Open visiting. 10AM – 8PM “But rest hour 2 – 3pm” Children can visit.
- No smoking allowed.

LENGTH OF STAY

Primips – 5 days
Multips – 4 days
C. Sections – 6/8 days

30% of mothers initiate breastfeeding
28% are breastfeeding going home
2% Combined feeding

79% of postnatal midwives/100% of neonatal nurses have attended
WHO/UNICEF Breastfeeding Programme

SPECIAL NEEDS
UNUSUAL CIRCUMSTANCES

- Wheelchair accessible including toilet facilities on all floors.
- Accessible parking.
- Where patients have communication difficulties: –
  Non-English speaking “ad hoc – seek staff who may use same language”.
  Other: no procedures in place “but attempts are made on an individual basis”.
- Special support for parents in case of stillbirth or miscarriage: “Midwives offer mementoes of baby, photographs, footprints, lock of hair, name bands.” Baby kept in Bereavement Room rather than mortuary. “Parents have 24 hour access and can be given key of room to spend time with their baby prior to burial/cremation. Also given a booklet on miscarriage or stillbirth. Contact the clergy for parents. Sermon can be conducted on day of removal of body”.
  “Single room provided for mothers who miscarry/suffer bereavement”.

DEVELOPMENTS AND SERVICES

- Family planning:
  “natural, condom, contraceptive pill, contraceptive device”.
- Tubal ligation available from two consultants.
- “Presently looking at providing a low-tech, room for birth in a less clinical and more homely environment within our unit”.
- Stress Incontinence Programme available.
- Day room with buffet breakfast.
- Midwives’ Clinics being considered.
GENERAL INFORMATION

NO. OF MATERNITY BEDS:
18 semi-private 8 private

NO. OF OBSTETRICIANS:
4

NO. OF BIRTHS IN 1998:
2060

MULTIPLE BIRTHS (LAST 5 YEARS):
154 sets twins 4 sets triplets

This is a private hospital – no public beds

EPIDURAL: available  EPIDURAL RATE: 69.85%
OTHER PAIN RELIEF: Psychophrophaxis, Entonox, Pethidine, Massage, TENS, Warm water baths, Aromatherapy ("if they bring their own oils") and Reflexology ("If a qualified member of staff is available")

CAESAREAN SECTION

- Caesarean Section rate: 23.1%
- Vaginal deliveries after previous Caesarean: "each patient is assessed individually by consultant".
- Additional skilled assistance for breastfeeding mothers "Midwife assesses and evaluates each mother, plans her care, implements and evaluates same and changes plan when necessary".

SPECIAL CARE UNIT

- 11 special care cots.
- 2 full time Paediatricians/Neonatologists on staff.
- Parents and other family members have free access to the baby "but only two people at a time depending on each individual baby".
- There is a room available for parents to stay.
- Hot refreshments/microwave available 24 hours.
- Kangaroo care is practised.
- Mother can feed the baby on demand.
- Breastfeeding mothers are given all of the usual facilities (see introduction) and also loan of pump for home use and a quiet room for expressing.
- If the mother of a breastfeeding baby is discharged before her baby special arrangements are made to support her continuing to breastfeed.
- Mother's own milk, water, or formula used to supplement or compliment.
- Methods: Spoon, cup, tube and bottle.
- Multiple births: "constant help and supervision until competent. Public Health Nurse contacted on discharge for early visit".
- Information leaflets: "NICU Babies", Health Promotion Booklet relevant to special care babies, photocopied information relevant to syndromes"

10% of neonatal staff have attended
WHO/UNICEF Breastfeeding Programme

ANTENATAL CARE

- "we do not have an antenatal clinic in the hospital. All our patients visit the consultants in their rooms which are next to the hospital!"

ANTENATAL CLASSES

TIMES:
2.30pm – 4.30pm/5.30pm – 7.30pm
CHARGE: yes
AVERAGE CLASS SIZE: 10 mothers & partners

- Partners are encouraged to attend all 6 classes.
- Separate refresher classes available.
- Usual topics covered plus – Baby care, Tour of delivery suite and Meeting with Public Health Nurse.

9% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

DELIVERY

- Mother delivers in the same room in which she was during labour.
- All beds are birthing beds.
- Partner/companion welcome to stay throughout all deliveries including Caesarean Section.
- The mother is free to choose her own position for delivery including giving birth on the floor.
- Lithotomy position used "for instrumental deliveries and at the discretion of the consultant delivering".

EPISIOTOMY RATE: 28.54%
VENTOUSE DELIVERY RATE: 21.65%
FORCEPS DELIVERY RATE: 3.98%
VAGINAL BREECH DELIVERY: 0.33%
VAGINAL DELIVERY OF TWINS: 1.65%

- Cord cut by partner or consultant "...providing the baby is okay, whenever the mother wishes".
- "Systocinon and Brandy Andrews method of delivery" used routinely "unless the patient requests otherwise" but natural third stage management is permitted on request. (Brandy Andrews is a method of encouraging the placenta to come away from the womb by putting pressure on the abdomen and pulling on the umbilical cord).

6% delivery room staff have attended
WHO/UNICEF Breastfeeding Programme

LABOUR

- Accommodation: 4 single rooms with extra space for "a caesarean section trolley or an emergency delivery bed" 1 two-bedded room "with soundproof partition".
- Birth companion (1) welcome at all times including during examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife assigned to each mother.
- Walking encouraged.
- Mother may take "Sips of iced water".
- Access to bath and/or shower.
COUNTY CORK

POSTNATAL WARD

- Vitamin K given to all babies by injection “unless mother expresses a wish otherwise”.
- BCG not given in the hospital.
- No routine tests on babies except heel prick test. “All babies have two full examinations before discharge, this is routine”.
- Baby stays with mother all the time and can sleep in cot at mother’s bedside or in nursery.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother’s own milk, water or formula.
- Access to food between evening meal and breakfast “on request”. Microwave available on ward.
- Visiting: “Partners 24 hour access”
  Others 10am – 11am/2pm – 4pm
  6pm – 9pm depending on circumstances
  Children can visit.
- No smoking allowed
  “designated area in General Hospital”.

LENGTH OF STAY:
Primips – 4/5 days
Multips – 3/4 days
C.Sects – 5/10 days

48% of mothers initiate breastfeeding
40% are breastfeeding going home
1% – 2% Combined feeding “not encouraged”

0% of postnatal staff have attended
WHO/UNICEF Breastfeeding Programme

“All postnatal staff have an in-house breastfeeding programme and policy taught”.

Referral to Public Health Nurse: “form sent and/or phone call if early visit is needed”.
Referral to GP: “letter sent and/or phone call if staff are concerned re. mum or baby”.

SPECIAL NEEDS
UNUSUAL CIRCUMSTANCES

- Wheelchair accessible including toilet facilities on all floors: “All doors are wide enough, some assistance is needed to open some doors”.
- Accessible parking.
- “All staff in the hospital are responsible for ensuring that patients with disabilities are facilitated”.
- Patients with communication difficulties:
  “facilitate interpreters to stay with them 24 hours a day”;
  “facilitate a person they wish to stay”,
  “communicate with them in writing”,
  “accompany visually impaired whenever necessary”.
- Special support for parents in case of stillbirth or miscarriage: “birth cert. organised if appropriate, pastoral care team in hospital 24 hours, prayer/burial service arranged, yearly memorial service, information given re support groups, Miscarriage Association meets in hospital first Monday of every month.”

DEVELOPMENTS AND SERVICES

- “We encourage mothers to bring their birth plan with them before delivery and facilitate them to achieve this plan”.
- The hospital has a Patients’ Advisory Council “patients are free to and encouraged to contact the hospital at any time before or after delivery on a 24 hour basis and Sister in Charge will deal with them or refer them to relevant area/person”.
- “Postnatal physio classes given to all patients prior to discharge”.
- Family planning:
  “completely optional, Billings method”.

POSTNATAL PERIOD

- Mother may telephone hospital at any time if she has queries “indefinitely”.
- Emergency 24 hour service for mother and baby for 6 weeks.
- Drop-in Breastfeeding Clinic and Baby Clinic available for 6 weeks after delivery.
- Mother has her postnatal check-up with the consultant.
- Baby has its 6 week check-up with GP Re: Discussing Hospital experience:
  “exit interviews are conducted with all mums on the day of discharge”.

-
Erinville Hospital
Western Road, Cork
Telephone: (021) 275 211  Fax: (021) 275 502

GENERAL INFORMATION
NO. OF MATERNITY BEDS:
34 public, 18 semi-private, 4 private.
NO. OF OBSTETRICIANS: 4
NO. OF BIRTHS IN 1998: 2950
MULTIPLE BIRTHS (LAST 5 YEARS):
186 sets twins 3 sets triplets

ANTENATAL CARE
* Referral letter needed from GP.
* There is an appointments system.
* Clinic times:
  Mon. morning and Wed. afternoon – booking clinics for all Consultants.
  Mon. afternoon: Dr. Fenton
  Wed. morning: Dr. Hughes
  Thurs. morning: Dr. Curtain
  Thurs. afternoon: Dr. Cooke
  4th Friday of month Dr. Cooke – Bantry.
* Continuity of care: Mother will see a member of the same team at each visit.
* 99% of patients opt for combined care.
* Vending machine available.
* Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information, Multiple births, Fathers and Parenting.
* 90% of mothers scanned.
* Amniocentesis: “for maturity only, rarely performed”.
* Breech presentation: “Attend clinic every 2 weeks and admit to have C.Sec..”

100% of antenatal midwives have attended WHO/UNICEF Breastfeeding Programme

ANTENATAL CLASSES
TIMES:
Mondays 2pm – 4pm
*Breastfeeding & Early Bird every other week*
Wednesdays 2pm – 4pm
*Labour 1 & Labour 2 every other week*
CHARGE: none
AVERAGE CLASS SIZE: 10 – 20

* Partners are encouraged to attend all 4 classes.
* Separate classes available for very young mothers.
* Usual topics covered:

100% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

LABOUR
* Accommodation: 3 two-bedded rooms.
* Birth companion (1) welcome at all times including during examinations.
* Birth plans facilitated.
* Fetal monitoring done routinely on admission.
* No shave.
* No enema.
* No routine ARM.
* Midwife assigned to each mother. Shared with another mother “very occasionally”.
* Walking encouraged.
* Mother may take “fruit juice and water”.
* Access to toilet on labour ward only.

EPIDURAL: available

EPIDURAL RATE: Primips 50%. Multiples 40%
OTHER PAIN RELIEF: Psychophrophylaxsis, Entonox, Pethidine and TENS

Induction rate:
* Primips 30% Mulips 20%

Cord cut when “mother wishes, if baby is in good condition” or “immediately... if baby needs resuscitation” by “father or person doing the delivery”.
* No written policy on management of third stage of labour, natural third stage management is permitted on request.
* Baby stays with the mother in the labour ward “most times”.

Over 90% delivery room midwives have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION
* Caesarean Section rate: 18.1%*

Vaginal deliveries after previous Caesarean: “We do allow vaginal delivery trial of labour if indicated after one previous C/S. No VBAC (vaginal births after Caesarean Section) after 2 or more C/S. Decision of Obstetrician in charge of individual woman’s care.”

SPECIAL CARE UNIT
* 17 special care cots.
* Full time Consultant Neonatologist.
* Parents can visit baby “at all times”.
  Other family members “at official visiting times”.
* There is a room available for parents to stay.
* Hot refreshments/microwave available 24 hours.
* Kangaroo care is practised.
* Mother can feed the baby on demand.
* If the mother of a breastfed baby is discharged before her baby special arrangements are made to support her continuing to breastfeed.
  *Mothers are encouraged to spend as much time as possible with baby. Refreshments available for them in NICU.*
Pumps available in NICU and parents are assisted to rent pumps. Containers for Breastmilk supplied. Freezer available. We encourage as much Kangaroo care as possible. Use of feeding bottles is utilised as little as possible. Feeds are timed so that mothers can feed as much as possible.

- Mother's own milk or formula used to supplement or compliment
- Methods: Tube and bottle
- Multiple births: "Midwives give them all the help and encouragement they need"
- Information leaflets: "NICU Book, Sandra Lang's book on feeding prem. infants and books on Kangaroo care, plus 'Successful Breastfeeding' loaned to parents".

Over 90% of neonatal midwives have attended WHO/UNICEF Breastfeeding Programme

### POSTNATAL WARD

- Vitamin K given to all babies orally
- BCG not given in the hospital
- Heel prick test and test for click hips done routinely on babies
- Blood sugars done "if necessary"
- Baby stays with mother all the time and can sleep in mother's bed or in nursery "if mother wishes"
- Mother can breastfeed on demand at night
- Breastfed babies "very seldom" supplemented by glucose
- Access to food between evening meal and breakfast: "Mothers have tea at 21.00 hr and there is a vending machine in the hospital"
- Microwave available on ward
- Visiting: "Fathers can visit at any time. Other 2 – 4pm/7 – 8.30pm. Children can visit
- Smoking allowed: "a special room is available"

<table>
<thead>
<tr>
<th>LENGTH OF STAY</th>
<th>Primips – 4 days</th>
<th>Multips – 3 days</th>
<th>C.Sects – 5/6 days</th>
</tr>
</thead>
</table>

32 – 35% of mothers initiate breastfeeding
28% are breastfeeding going home

### POSTNATAL PERIOD

- Mother may telephone hospital at any time if she has queries
- Drop-in Breastfeeding clinic available
- Mother and baby have their 6 week postnatal check-up with GP or at the hospital "if necessary"
- Referral to Public Health Nurse: "Notifcation is to PHN"
- Referral to GP: "A letter to GP"

### SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

- Wheelchair accessible including toilet facilities on every ward
- Accessible parking
- Patients with communication difficulties: communicate "through her partner or friend"
- Special support for parents in case of stillbirth or miscarriage: "Bereavement Clinic is held each month in the hospital"

### DEVELOPMENTS AND SERVICES

- Family planning available: "Natural taught, other methods explained. Prescriptions for OCP (oral contraceptive pill) given. Referral for IUD (intra-uterine device)/Diaphragm/Vasectomy etc. Counselling for Tubal Ligation and same available"
- Referral for genetic counselling to Belfast
- Stress Incontinence Programme is available in the hospital
- Smear test available at postnatal check-up
- Pre-conceptual service available "if there is history of miscarriage or other problems"
St. Finbarr's Hospital
Douglas Road, Cork
Telephone: (021) 966 555 Fax: (021) 966 563

GENERAL INFORMATION

NO. OF MATERNITY BEDS:
47 public 10 semi-private 5 private

NO. OF OBSTETRICIANS:
3

NO. OF BIRTHS IN 1998: 1699

MULTIPLE BIRTHS (LAST 5 YEARS):
“not available”

ANTENATAL CARE

• Referral letter needed from GP.
• Clinic times: Mon 9am – 12.30pm
  Tues 8.30am – 12pm
  Wed 9am – 12pm
  Fri 9am – 12pm
• There is an appointments system.
• Play area for children.
• Vending machine available.
• Midwives’ Clinic available on Thurs. eve.
• Continuity of care: Mother will see a member of the same team each visit.
• “Almost all” patients opt for combined care.
• Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information, Multiple births, Fathers and Parenting.
• Percentage of mothers scanned: “Usually all mothers unless there is a specific reason or indication not to have a scan”.
• Amniocentesis is available.
• Breech presentations: “Each consultant would deal with breech presentation by scan to determine definite presentation”.
• Multiple birth: Encouragement and information on breastfeeding multiples and leaflets from Irish Multiple Birth Association.

2 antenatal midwives/1 sister have attended WHO/UNICEF Breastfeeding Programme

ANTENATAL CLASSES

TIMES:
Afternoons and Evenings
CHAIRGE: none
AVERAGE CLASS SIZE: 14 mothers/partners

• Partners are encouraged to attend all 4 classes.
• Separate refresher classes.
• Usual topics covered plus – “Postnatal depression, Care of baby, Safety, Immunisation, Health Promotion, Health Education”.

“Sister/2 midwives who give antenatal classes have attended 18 hour breastfeeding programme”

LABOUR

• Accommodation: 2 single rooms, 1 two-bedded room.
• Birth companion (1) welcome at all times including during examinations.
• Birth plans facilitated.
• Foetal monitoring done routinely “if the mother is receiving prostaglandin”.
• No shave.
• No enema.
• No routine ARM.
• Access to bath and shower.
• Midwife shared with another mother.
  “At the birth, a student is supervised by a midwife”.
• Walking encouraged.
• Mother may take “Light snacks, fluids, fruit juices, milk, water”.
• Induction rate: 27.9%
• Criteria for inducing labour: “At risk baby, IUGR, diabetic etc., Normal pregnancy term + 10 days, At risk mothers, PET etc.”.
• Forms of foetal monitoring available:
  – Pinard stethoscope
  – Sonicaid
  – Cardiotocography

DELIVERY

• “Because of lack of single rooms, mothers may have to labour together. But we try as far as possible to avoid this”.
• Birthing bed available.
• Partner/companion welcome to stay throughout all deliveries including C.Secion “if epidural”.
• The mother is free to choose her own position for delivery including giving birth on the floor.
• Lithotomy position used “for instrumental birth and breech birth”.

• Cord cut by “birth attendant or parent” “when stopped pulsating or at birth”.
• Both active and physiological management of third stage practised.
• Natural third stage management “permitted on request”.

EPISIOTOLOGY RATE: 7%
VENTOUSE DELIVERY RATE: % not given
FORCEPS DELIVERY RATE: % not given
VAGINAL BREECH DELIVERY: % not given
VAGINAL DELIVERY OF TWINS: % not given

% delivery room staff have attended WHO/UNICEF Breastfeeding Programme: given

CAESAREAN SECTION

Caesarean Section rate: 18.6%

• Vaginal deliveries after previous Caesarean: “This is a matter for medical staff”.

SPECIAL CARE UNIT

• 18 special care cots.
• No full time Consultant Neonatologist.
  “2 Consultant Paediatricians, Consultant Neonatologist available if required (based in the Ennville Hosp.)”.
• Parents, grandparents and siblings have free access to the baby.
• There is a room available for parents to stay.
• Kangaroo care is practised.
• Mother can feed the baby on demand.
• Caesarean Section mothers “baby taken to mother for feeding – if mum unable to come to unit”.
• If the mother of a breastfeeding baby is discharged before her baby there is a “room available to stay if necessary”.
• Mother’s own milk or formula used to supplement or complement.
• Methods: Supplemener and bottle.
• Help for multiple births: not answered.
• Information leaflets available: not answered.

90% of neonatal midwives have attended WHO/UNICEF Breastfeeding Programme
COUNTY CORK

POSTNATAL WARD

- Vitamin K given to all babies orally.
- BCG not given in the hospital.
- No routine tests on babies except heel prick test.
- Baby stays with mother all the time and can sleep in cot at mother's bedside or in nursery.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother's own milk or water.
- Access to food between evening meal and breakfast: "Tea @ 9pm; Tea @ 6am. May have food if desired between meals."
- Microwave available on ward.
- Visiting: Open visiting.
  "Siesta time 12.15pm – 1.30pm."
  Children can visit.
- Smoking allowed in designated smoking room.

LENGTH OF STAY

<table>
<thead>
<tr>
<th>Type</th>
<th>Length of Stay</th>
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<tbody>
<tr>
<td>Primips</td>
<td>4/5 days</td>
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<tr>
<td>Multips</td>
<td>3/4 days</td>
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<tr>
<td>C. Sections</td>
<td>5/7 days</td>
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</table>

35% of mothers initiate breastfeeding
36% are breastfeeding going home

96% of postnatal midwives/neonatal nurses have attended WHO/UNICEF Breastfeeding Programme

SPECIAL NEEDS
UNUSUAL CIRCUMSTANCES

- Wheelchair accessible at all entrances and internal doors.
- Accessible parking.
- Patients with communication difficulties
  - "No specific provisions, appropriate expertise is sought in specific situations."
- Special support for parents in case of stillbirth or miscarriage: "Hospital Chaplain – Sr. Eleanor Redican, Counsellor."

DEVELOPMENTS AND SERVICES

- Family planning:
  "all methods are discussed with each individual and then patient makes an informed choice."
- Tubal ligation available.
- Referral for genetic counselling to Galway.

POSTNATAL PERIOD

- Mother may telephone postnatal ward or clinic at any time if she has queries.
- Drop-in Breastfeeding clinic and Baby Clinic available for 6 weeks after delivery.
- Mothers drop-in postnatal clinic available for 6 weeks after delivery.
- Mother and baby have their 6 week postnatal check-up with GP.
- Referral to Public Health Nurse: "birth notification – liaison PHN."
- Referral to GP: "notified post delivery."
### Comparison Table of Cork Hospitals

<table>
<thead>
<tr>
<th></th>
<th>BONS SECOURS</th>
<th>ERINVILLE</th>
<th>ST. FINBARR’S</th>
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<td><strong>ULTRASOUND SCAN RATE:</strong></td>
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<td>5%</td>
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</tr>
<tr>
<td><strong>FORCEPS DELIVERY RATE:</strong></td>
<td>3.98%</td>
<td>1%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Primips:</td>
<td></td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Multips:</td>
<td></td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td><strong>VENTOUSE DELIVERY RATE:</strong></td>
<td>21.65%</td>
<td>10%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Primips:</td>
<td></td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Multips:</td>
<td></td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td><strong>C. SECTION RATE:</strong></td>
<td>23.1%</td>
<td>18.1%</td>
<td>18.6%</td>
</tr>
<tr>
<td><strong>NUMBER OF COTS IN SPECIAL CARE:</strong></td>
<td>11</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td><strong>FULL-TIME NEONATOLOGIST:</strong></td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>LENGTH OF STAY FOR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primips:</td>
<td>4 – 5 DAYS</td>
<td>4 DAYS</td>
<td>4 – 5 DAYS</td>
</tr>
<tr>
<td>Multips:</td>
<td>3 – 4 DAYS</td>
<td>3 DAYS</td>
<td>3 – 4 DAYS</td>
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<tr>
<td>C. Sections:</td>
<td>5 – 10 DAYS</td>
<td>5 – 6 DAYS</td>
<td>5 – 7 DAYS</td>
</tr>
<tr>
<td><strong>BREASTFEEDING INITIATION RATE:</strong></td>
<td>48%</td>
<td>32% – 35%</td>
<td>35%</td>
</tr>
<tr>
<td><strong>BREASTFEEDING RATE GOING HOME:</strong></td>
<td>40%</td>
<td>28%</td>
<td>30%</td>
</tr>
</tbody>
</table>

N/G – NOT GIVEN

Cuidiú – ICT can accept no responsibility for accuracy of above figures. Figures as supplied by hospitals.
GENERAL INFORMATION

NO. OF MATERNITY BEDS:
30 public 4 semi-private 4 private

NO. OF OBSTETRICIANS: 3

NO. OF BIRTHS IN 1998: 1589

MULTIPLE BIRTHS (LAST 2 YEARS):
37 sets twins 0 sets triplets

LABOUR

- Accommodation: 1 four-bedded first stage room; 3 single delivery rooms.
- Birth companion (“I can change during course of labour”) welcome at all times including during examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife shared with another mother.
- Walking encouraged.
- Access to bath and shower.
- Mother may take “light diet in early labour, fresh H2O (filtered) available in Labour Ward”.

EPIDURAL: “Limited epidural service”

EPIDURAL RATE: 4.5%

OTHER FORMS OF PAIN RELIEF AVAILABLE:
- Psychophrolysis, Ectonax, Pethidine, TENS and Warm water baths

- Induction rate: Primips 8.8% Mulips 14.7%
- Criteria for inducing labour: “Assessed individually – usually by own consultant”.
- Have labour accelerated:
  - Primips 5.2%
  - Mulips 3.9%
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography

DELIVERY

- Mother delivers in a different room (single room usually) than that in which she was during labour.
- Partner/companion welcome to stay throughout all deliveries including elective Caesarean Section (“depending on consultant”).
- Birthing bed available.
- The mother is free to choose her own position for delivery “if circumstances permit. No facility to deliver on floor – never requested to date!”
- Lithotomy position used: “for instrumental deliveries and suturing”.

EPISIOTOMY RATE:
- Primips: 13.3% Mulips: 10.4%

VENTOUSE DELIVERY RATE:
- Primips: 3% Mulips: 2.1%

FORCEPS DELIVERY RATE:
- Primips: 13.3% Mulips: 10.4%

VAGINAL BREECH DELIVERY:
- Primips: 0.5% Mulips: 0.5%

VAGINAL DELIVERY OF TWINS:
- Primips: 0.3% Mulips: 0.9%

- Cord cut depending “on midwives practice” by midwife or doctor.
- Active management practised routinely but natural third stage management is permitted on request.

95% of delivery room midwives have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION

- Caesarean Section rate: 14%
- Midwives give skilled assistance to mothers who wish to breastfeed.

SPECIAL CARE UNIT

- 2 intensive care cots.
- 5 special care cots.
- Full time Consultant Neonatologist.
- Parents have free access to the baby. Other family members by ‘by arrangement’.
- There is no room available for parents to stay but they “can be facilitated in other areas of the building”.
- Microwave facilities available 24 hours.
- Kangaroo care is not practised.
- Mother can feed the baby on demand.
- Breastfeeding mothers are given all the usual facilities (see introduction) except storage facilities for their milk but are also given a quiet room for expressing and loan of pump for home use.
- If the mother of a breastfeeding baby is discharged before her baby: “contact re. times and option to leave supply over several hours”.
- Mother’s own milk or formula used to supplement or compliment.
- Methods: Spoon, syringe, tube and bottle.
- Multiple births: “extra support/help with breastfeeding. Extra supply of formula/nappies from companies, Parentcraft advice, Information leaflets.”

ANTENATAL CARE

- Referral letter needed from GP.
- Clinic times:
  - 10am – 1pm/2pm – 5pm.
- There is an appointments system.
- Midwives’ clinic available.
- Continuity of care: “Usually seen by consultant on 1st visit and often seen by consultant on other visits”.
- 100%, “usually”, of patients opt for combined care.
- Cafeteria available.
- Information leaflets available in the waiting areas: Pregnancy, Breastfeeding, General Hospital Information, Parenting, Fathers, Multiple births and Health Promotion.
- Multiple pregnancy: Specific encouragement and information on breastfeeding, multiples and extra parentcraft classes given.
- 100% of mothers scanned “before 20 weeks”.
- Amnioncentesis is not available.
- Breech presentation: “each consultant decides on management”.

100% of antenatal midwives have attended WHO/UNICEF Breastfeeding Programme

ANTENATAL CLASSES

TIMES: 11am & 7pm
CHARGE: none
AVERAGE CLASS SIZE: 12 – 16

- Partners encouraged to attend all 7 classes.
- Separate classes for very young mothers, disabled mothers, mothers with language difficulties and refreshers classes.
- Usual topics covered plus – “Questions and answers session with Obstetric Registrar, Tour of delivery suite”.

100% of those giving classes have attended WHO/UNICEF Breastfeeding Programme
COUNTY DONEGAL

- Information leaflets: “unit information leaflets”.

90% of neonatal midwives have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL WARD

- Vitamin K given to all babies by injection.
- BCG given in the hospital.
- No routine tests on babies except heel prick test.
- Baby stays with mother all the time “if mother wishes” and can sleep in cot at mother’s bedside or in nursery.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by formula (“mother’s wishes”).
- Access to food between evening meal and breakfast: “Tea and sandwiches given @ 8.30”.
- Visiting: “Afternoons and evenings, rest period from 12.30 – 2pm”. Children allowed to visit.
- No smoking allowed except in “smoking area provided outside unit”.

LENGTH OF STAY

<table>
<thead>
<tr>
<th>Group</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primips</td>
<td>4/5 days</td>
</tr>
<tr>
<td>Multips</td>
<td>3/4 days</td>
</tr>
<tr>
<td>C.Sessions</td>
<td>5/7 days</td>
</tr>
</tbody>
</table>

31% of mothers initiate breastfeeding
23% are breastfeeding going home

90% of postnatal midwives have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL PERIOD

- Mother may telephone hospital at any time if she has queries.
- Mother and baby may have their postnatal check-up at the hospital or with the GP.
- Referral to Public Health Nurse and GP: “computerised discharge report sent out.”, “if specific needs - contact by telephone”.

SPECIAL NEEDS
UNUSUAL CIRCUMSTANCES

- Wheelchair accessible including toilet facilities on all floors.
- Accessible parking.
- Patients with communication difficulties: “hospital leaflets and booklets in Braille”, “Hospital information will be going on tape”, “interpreters can be accessed - Gaelige etc.”.
- Special support for parents in case of stillbirth or miscarriage: “pregnancy loss clinic follow up, Bereavement counselling offered, opportunity to return to hospital and discuss with relevant medical/nursing staff”.

DEVELOPMENTS AND SERVICES

- “If women want to make a birth plan, they are facilitated”.
- Family planning advice: “Information on all methods of family planning available”.
- Tubal ligation available.
- Stress Incontinence Programme available in the hospital.
- Smear test available at postnatal check-up.
- Referral for genetic counselling “Belfast - at the discretion of the consultant”.
Coombe Women's Hospital
Dolphin's Barn, Dublin 8
Telephone: (01) 408 5200 Fax: (01) 453 6033

GENERAL
NO. OF MATERNITY BIRTHS: 66 public, 26 semi-private, 23 private
“+ 24 non-designated beds”
NO. OF OBSTETRICIANS: 14
NO. OF BIRTHS IN 1998: 698
MULTIPLE BIRTHS (LAST 5 YEARS):
425 sets twins, 8 sets triplets

ANTENATAL CARE
- No referral letter needed from GP.
- Clinic times:
  Mon., Tues., Thurs. 9.30am – 12.30pm
- There is an appointments system.
- There is a Midwives' Clinic in the hospital.
- Continuity of care: Mother will see a member of the same team at each visit.
- 35 – 45% of patients opt for combined care.
- Refreshments available in cafeteria.
- Information leaflets available in the waiting area: Breastfeeding and General Hospital Information.
- Multiple births: specific encouragement and information on breastfeeding multiples.
- Breast feeding: “Attempt ECV, if unsuccessful assessment of the mode of delivery by senior obstetrician.”
- X 70% of mothers scanned.
- Amniocentesis not available.
- Other tests available include: “Ultrasonic and placential biopsy.”

3% of antenatal midwives have attended WHO/UNICEF Breastfeeding Programme

LABOUR
- Accommodation: 7 single rooms, 2 four-bedded rooms. “All women deliver in single rooms.”
- Birth companion (1) welcome at all times including during examinations.
- Birth plan facilitated.
- Foetal monitoring done routinely on admission.
- ARM done “if indicated”.
- No shave.
- No enema.
- Midwife assigned to each mother.
- Walking encouraged.
- Mother may take “ice/water, no food”.
- Access to shower.

EPIDURAL: available
EPIDURAL RATE: Primips 74%, Multips 34%
OTHER PAIN RELIEF: Entonox, Pethidine, TENS, Acupuncture, Aromatherapy and Reflexology (“being own”)

- Induction rate: Primips 25%, Multips 22%
- Criteria for inducing labour: “each case varies and assessed separately”.
- Have labour accelerated: “when appropriate”.
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Cardiotocography
  - Foetal scalp blood sampling

3% delivery room midwives have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION
- Caesarean Section rate: 14.6%
- Vaginal deliveries after previous Caesarean: “< 2 previous C/S – repeat C/S”.
- Additional skilled assistance for breastfeeding mothers: “referral to parentcraft and breastfeeding specialist”.

SPECIAL CARE UNIT
- 33 special care cots.
- Full time Consultant Neonatologist.
- Parents, grandparents and siblings have open visiting with the baby.
- There is a room available for parents to stay.
- Hot refreshments/microwave available 24 hours.
- Kangaroo care is practised.
- Mother can feed the baby on demand.
- If the mother of a breastfeeding baby is discharged before her baby special arrangements are made to support her continuing to breastfeed: “Breastfeeding support group”.
- Mother’s own milk or formula used to supplement or compliment.
- Methods: Tube and bottle “parents choice”.

DELIVERY
- Mother usually delivers in the same room in which she was during labour. “mothers from 4 bed areas are moved to single room for delivery.”
- Birthing bed and birthing chair available. “all beds convert to birthing chair positions”.
- Partner/companion welcome to stay throughout all deliveries including Caesarean Section.
- The mother is free to choose her own position for delivery including giving birth on the floor “within safety limitations”.
- Lithotomy position used “for instrumental deliveries”.

EPISIOTOMY RATE:
Primips 41%, Multips 10%
VENTouse DELIVERY RATE:
Primips 5.5%, Multips 2.5%
FORCEPS DELIVERY RATE:
Primips 15%, Multips 2.7%
VAGINAL BREECH DELIVERY:
Primips 7%, Multips 30%
VAGINAL DELIVERY OF TWINS:
Primips 63%, Multips 75%
• Multiple births: “Full access to medical social worker – Refers to appropriate voluntary group”.
• Information leaflets: “INCU Babes, Prem-baby leaflet, Dept. Health literature.”

POSTNATAL WARD
• Vitamin K given to all babies.
• BCG given in the hospital.
• No routine tests done on baby except heel prick test.
• Baby stays with mother all the time and can sleep in cot at mother’s bedside or in nursery.
• Mother can breastfeed on demand at night.
• Breastfed babies sometimes supplemented by mother’s own milk or formula.
• Access to food between evening meal and breakfast: “own food and coffee shop open till 9 am”.
• Microwave available on some wards.
• Visiting: “3 – 4.30 pm 7 – 8.30 pm Unrestricted for partners”. Children can visit “supervised in the afternoon”.
• Smoking allowed in “designated areas on each floor”.

LENGTH OF STAY

<table>
<thead>
<tr>
<th>Types</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primips</td>
<td>4 days</td>
</tr>
<tr>
<td>Multips</td>
<td>4 days</td>
</tr>
<tr>
<td>C. Sections</td>
<td>6 days</td>
</tr>
</tbody>
</table>

% of mothers initiate breastfeeding: not answered
% are breastfeeding going home: not answered

3% of postnatal midwives have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL PERIOD
• Emergency 24 hour service for mother and baby for 6 weeks.
• Drop-in Breastfeeding clinic, mothers’ postnatal clinic and baby clinic available for 6 weeks.
• Mother and baby can have their 6 week postnatal check-up in the hospital but they are encouraged to attend their own GP.

• Referral to Public Health Nurse: “Automatic from I.T. system”.
• Referral to GP: “Automatic from I.T. system”.

SPECIAL NEEDS
UNUSUAL CIRCUMSTANCES
• Wheelchair accessible including toilet facilities on every ward.
• Accessible parking.
• Patients with communication difficulties: “Translated information sheets” “Some members of staff have sign language”.
• Special support for parents in case of stillbirth or miscarriage: “specific clinic”.

DEVELOPMENTS AND SERVICES
• There is a named person who is responsible for ensuring that the hospital is accessible to patients with disabilities.
• Family planning: “All” methods taught.
• The hospital has a Patients’ Advisory Council.
• Tubal ligation is available in the hospital.
• Referral for genetic counselling: “as appropriate”.
• Stress Incontinence Programme available in the hospital.
• “12 hour discharge project” being developed.
• Pre-conceptual services offered in the hospital.
• Lactation consultant available in the hospital.
GENERAL INFORMATION

NO. OF MATERNITY BEDS:  
9 semi-private  
11 private

NO. OF OBSTETRICIANS: 10

NO. OF BIRTHS IN 1998: 1092

MULTIPLE BIRTHS (LAST 5 YEARS):  
61 sets twins  
0 sets triplets

PRIVATE HOSPITAL: THERE ARE NO PUBLIC BEdS

ANTENATAL CARE:

- No referral letter needed from GP.
- Clinic times: “Each individual consultant has their own private clinic.”
- There is an appointments system.
- Continuity of care: Mother will see same consultant each visit. “As Mount Carmel is a private hospital all mothers have their own obstetrician.”
- Approx. 30% of patients opt for combined care.
- Refreshments available in restaurant.
- “Triple test available (specialised blood test). Some Consultants will refer to other centres for amniocentesis.”
- % of mothers scanned: “depends on obstetrician”.
- Breech presentation: care plan “depends on each individual Consultant”.
- When the diagnosis of multiple birth has been made the mother receives specific encouragement and information on breastfeeding multiples and leaflets from the Irish Multiple Birth Association.

2 antenatal midwives have attended WHO/UNICEF Breastfeeding Programme

ANTENATAL CLASSES

TIMES:  
Afternoons 1.30pm – 3pm  
Evenings Mon and Tues 7.30pm

CHARGE:  
Yes

AVERAGE CLASS SIZE:  15

- Course comprises of 8 classes.
- Partners are encouraged to attend breastfeeding class.
- Separate refresher classes available and also separate classes for first timers.
- Usual topics covered except contraception.

9% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

LABOUR

- Accommodation: 2 two-bedded “first stage rooms”, 2 single “delivery suites”.
- Birth companion (1) welcome at all times including during examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife assigned to each mother, sometimes shared with another mother “in early labour”.
- Walking encouraged.
- Access to bath, shower and ensuite.
- Mothers may take “light diet in very early labour – and water throughout labour”.
- Epidural: available
- Epidural rate: Primips 90% Multips 74%
- Other Pain Relief: Psycohophylaxis, Entonox, Pethidine, TENs, Acupuncture and Warm water baths
- Induction rate: 26%
- Criteria for inducing labour: “decision made by individual Obstetrician”.
- Have labour accelerated: possibly “70%”.
- “No proper statistics available”.
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicoid
  - Cardiotocography
- 100% of women are monitored electronically on admission “except mothers request otherwise”.
- Continuous monitoring “where epidural given…”

DELIVERY

- Mother labours in first stage room and delivers in single delivery suite.
- Birthing bed available.
- Partner/companion welcome to stay throughout all deliveries including Caesarean Section.

- The mother is free to choose her own position for delivery except giving birth on the floor.
- Lithotomy position used “occasionally for instrumental deliveries”.
- EpiDural rate: 47%
- Ventouse delivery rate: 5.6%
- Forceps delivery rate: 7.7%
- Vaginal breech delivery: 6.1%
- Vaginal delivery of twins: 83.3%

15% delivery room midwives have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION

- Caesarean Section rate: 23.4%
- Vaginal deliveries after previous Caesarean: “Each consultant decides on plan of labour, where more than 2 previous C/S, patient will not have a vaginal delivery”.
- Additional skilled assistance for breastfeeding mothers: “Lactation consultant available. There is no major difference – all mothers are given assistance according to their needs”.

SPECIAL CARE UNIT

- 6 special care cots.
- Full time Consultant Neonatologist.
- Parents, siblings and grandparents have free access to the baby.
- There is a room available for parents to stay “only if baby is very ill”.
- Kangaroo care is not practised.
- Hot refreshments/microwave available 24 hours.
- Mother can feed the baby on demand.
- Breastfeeding mothers are given all of the usual facilities (see introduction) plus a quiet room for expressing and a loan of pump for home use.
- If the mother of a breastfeeding baby is discharged before her baby the extra help she is given is: “ICT and La Leche League and PHN”.
• Mother's own milk or formula used to supplement or compliment.
• Methods: Tube and bottle.
• Multiple births: "Whatever support is necessary — according to mother's needs."
• Information leaflets: "SCBU Booklet from Health Promotion Unit."

15% of neonatal midwives have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL WARD

• Vitamin K given to all babies by injection "with the permission of the parents".
• BCG "done twice weekly — Mon. and Thurs. and mother advised to take baby to local clinic if discharged before BCG done. PHN informed".
• No routine tests on babies except heel prick test and blood sugars "occasionally".
• Baby stays with mother all the time and can sleep in mother's bed, cot at mother's bedside or in nursery.
• Mother can breastfeed on demand at night.
• Breastfed babies sometimes supplemented by mother's own milk, water, glucose or formula.
• Access to food between evening meal and breakfast: "may request tea, toast, glass of milk. Antenatal mothers may request sandwiches for night time".
• Microwave available on ward.
• Visiting: Open visiting. Children can visit.
• No smoking allowed.

LENGTH OF STAY:
  Preamps – 4/5 days
  Multiples – 3/4 days
  C.Sections – 6/10 days

69.3% of mothers initiate breastfeeding
45% are breastfeeding going home
Combined feeding: "not encouraged"

% of postnatal staff have attended WHO/UNICEF Breastfeeding Programme: not given

POSTNATAL PERIOD

• Mother may telephone hospital if she has queries for up to 4 – 5 weeks.
• Emergency 24 hour service for mother and baby for 4 weeks.
• Drop-in baby clinic available for 4 – 5 weeks after delivery.
• Mothers' drop-in postnatal clinic available for up to 4 weeks.
• Mother and baby can have their 6 week postnatal check-up in the hospital or with their GP.
• Referral to Public Health Nurse: "Notification and forms to Liaison Nurse for Primips or if mum and baby has problem."
• Referral to GP: not given.

SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

• Wheelchair accessible including toilet facilities on every floor.
• Accessible parking.
• Patients with communication difficulties — “Facilities are usually in place prior to admission or deals with specifics as necessary.”
• Special support for parents in case of stillbirth or miscarriage: "Very good support. Pastoral Care Team and staff support."

DEVELOPMENTS AND SERVICES

• Lactation Consultant available in the hospital.
• Family planning available from "Private obstetrician".
• Tubal ligation not available.
• Referral for genetic counselling to Crumlin Hospital, Dublin.
• Pre-conceptual services available — "each patient has her own obstetrician.”
• Smear test available at postnatal check-up.
GENERAL INFORMATION

<table>
<thead>
<tr>
<th>NO. OF MATERNITY BEDS:</th>
<th>59 public, 38 semi-private, 11 private.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO. OF OBSTETRICIANS:</td>
<td>11</td>
</tr>
<tr>
<td>NO. OF BIRTHS IN 1998:</td>
<td>7951</td>
</tr>
<tr>
<td>MULTIPLE BIRTHS (LAST 5 YEARS):</td>
<td>512 sets twins 13 sets triplets 1 set quads</td>
</tr>
</tbody>
</table>

ANTENATAL CARE

- No referral letter needed from GP “but preferred”.
- Clinic times:
  - Mon/Wed/Thurs: 9AM – 11AM
  - Mon/Tues/Wed/Thurs: 1PM – 3.30PM
- There is an appointments system.
- There is a Midwives’ Clinic available and a Domino/Home Birth service.
- Continuity of care: Mother will see a member of the same team each visit, “consultant at first visit by appointment”.
- Refreshments available in coffee shop.
- Information leaflets available: Pregnancy, Breastfeeding, Health Promotion and General Hospital Information.
- 100% of mothers scanned “routinely at 15 – 22 weeks or as indicated”.
- 60% of patients opt for combined care.
- Amniocentesis, chorionic villus sampling and foetal blood sampling are available.
- Women with breech presentation: “…designated breech clinic...women are referred to at 37/40 which is organised by a midwife and Obs-registrar. External Cephalic Version is offered to the majority of women with a success rate of >60%. The option of LSCS is discussed if the individual case warrants intervention. Vaginal breech delivery is also discussed.”
- Multiple births: “Special clinic and antenatal classes”.
- Course of classes comprises of one introductory class and 7 others.
  - Parents decide for themselves which type of class they attend – Women Only or Couples.”
- Separate classes for: first timers and refresher classes. Disabled mothers/Mothers with language difficulties “these new parents are seen on an individual basis”.
- Multiple births: “attend classes, also seen individually to discuss the different types of deliveries i.e. vaginal, breech, Caesarean Section.”
- Usual topics covered in classes except contraception. Bottle-feeding “covered postnatally on parent craft or the wards”.

100% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

LABOUR

- Accommodation: 8 single rooms, 1 two-bedded room.
- Birth companion (1) welcome at all times including during examinations.
- Birth plans facilitated.
- No shave.
- No enema.
- No “routine” foetal monitoring. “Fetal heart auscultated”.
- No routine ARM.
- “The membranes are ruptured when the woman is diagnosed as being in labour, unless the membranes have ruptured spontaneously.”
- Midwife assigned to each mother.
- Walking encouraged.
- Mother may take “clear fluids only”.
- Access to shower or ensuite.

EPIDURAL: available

EPIDURAL RATE: Primips 66% Multips 36%

OTHER PAIN RELIEF: Psychophrophylaxis, Entenox, Pethidine and Massage. If using TENS, Acupuncture, Aromatherapy or Reflexology “The women must organise themselves but the unit does accommodate these methods.”

- Induction rate: Primips 16% Multips 20%
- Criteria for inducing labour: “Any condition that may put the infant at risk e.g. Pre Eclampsia, small for dates baby, post dates > 42 weeks, Substantial haemorrhage.”
- Have labour accelerated:
  - Primips 50% Multips 11%
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography
  - Foetal scalp blood sampling
- 65% Primips and 38% Multips are monitored electronically.

DELIVERY

- Mother delivers in the same room in which she was during labour.
- Birthing bed available.
- Partner/companion welcome to stay throughout all deliveries including Caesarean Section (“if the C. Section is done under regional anaesthetic”).
- The mother is free to choose her own position for delivery including giving birth on the floor.
- Lithotomy position used “if an instrumental delivery is necessary or for breech vaginal delivery”.

EPISOTOMY RATE:
- Primips 52% Multips 12%

VENTOUSE DELIVERY RATE:
- Primips 11% Multips 2%

FORCEPS DELIVERY RATE:
- Primips 7% Multips 1%

VAGINAL BREACH DELIVERY:
- Primips 25% Multips 38%

VAGINAL DELIVERY OF TWINS:
- Primips 55% Multips 67%

- Cord cut by midwife after it has stopped pulsating. Father can participate “in some circumstances”.
- Ergometer given routinely but natural third stage management is permitted on request.

100% delivery room midwives have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION

- Caesarean Section rate: 12.5%.
- Vaginal deliveries after previous Caesarean: “the plan is always to allow a trial of labour following one previous Caesarean Section.”
DUBLIN

SPECIAL CARE UNIT

- 32 special care cots.
- 3 full time Consultant Neonatologists.
- Parents and other family members have free access to the baby.
- There is 1 room available for parents to stay.
- "Meals provided and coffee shop available".
- A "modified" version of kangaroo care is practised.
- Mother can feed the baby on demand "depending on condition".
- Breastfeeding mothers are given all usual facilities (see introduction).
- If the mother of a breastfeeding baby is discharged before her baby "she is informed re. our walk-in Breastfeeding Clinic".
- Mother's own milk or formula used to supplement or compliment.
- Methods: Cup feeding ("starting soon"), bottle ("discussed with parents") and tube. Parents involved in choice of feeding method used.

POSTNATAL PERIOD

- Vitamin K not given to all babies, "may be given orally if requested".
- BCG given in the hospital "if baby is correct weight, gestation and over 48 hours old". (Tuesday and Friday only)
- No routine tests on babies except heel prick test.
- Baby stays with mother all the time and can sleep in mothers bed ("occasionally"), cot at mothers bedside or in nursery.
- Mother can breastfeed on demand at night. "Baby-led feeding practised".
- Breastfed babies sometimes supplemented by mother's own milk, water, glucose or formula.
- Access to food between evening meal and breakfast: "Cup of tea given @ 8. Mothers usually have their own biscuits. If requested tea and toast given at any time during the night".
- Microwaves available on most wards.
- Visiting: "quite open but we request no visitors between 4.30pm and 6.30pm - rest time for mothers, but visitors still try to come in". Children can visit.
- Smoking allowed in smoking room "but patients still smoke in the bathrooms".

LENGTH OF STAY

<table>
<thead>
<tr>
<th>Type</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primps</td>
<td>3/4 days</td>
</tr>
<tr>
<td>Mirtips</td>
<td>2/3 days</td>
</tr>
<tr>
<td>CSectons</td>
<td>5 days</td>
</tr>
</tbody>
</table>

56.5% of mothers initiate breastfeeding
54% are breastfeeding going home

100% of postnatal micwives/60% of neonatal nurses have attended WHO/UNICEF Breastfeeding Programme

SPECIAL NEEDS
UNUSUAL CIRCUMSTANCES

- Wheelchair accessible from some doors and toilet facilities on one ward.
- No accessible parking but "can be arranged".
- Patients with communication difficulties - "Under review with Refugee Health Centre", "register of staff with signing skills", "Deaf phones".
- Special support for parents in case of stillbirth or miscarriage: "Support given from midwives on the wards and social workers. Follow-up phone calls made. Chaplain informed, funeral service in hospital if required or arranged privately. Visit to Dr. in 4 - 6 weeks".

DEVELOPMENTS AND SERVICES

- There is a named person in the hospital who is responsible for ensuring that the hospital is accessible to patients with disabilities.
- Qualified lactation consultants on staff.
- Family planning: "Advice and information (both written & oral) is given regarding all methods of family planning on an individual basis prior to postnatal discharge".
- Tubal ligation is available.
- Mother can have a smear test at her postnatal check-up.
- Referral for genetic counselling: "We use the services of the Consultant Geneticist in Our Lady's Hospital, Crumlin and in some cases he visits parents while the mother is still a postnatal patient in the hospital."
- Stress Incontinence Programme: "Stress Incontinence Clinic 3 times per week".
- Pre-conceptual counseling "available for parents who have in the past experienced a pregnancy loss or a poor obstetric outcome. At an individual level if a woman requests pre-pregnancy advice, arrangements are made for her (and her partner, if she so wishes) to meet the Antenatal Education Sister and Dietician."
- New services available: "In conjunction with the Eastern Health Board we also offer a DOMINO - early discharge within 6 - 24 hours following the birth - and a limited Home Birth service to women with low risk pregnancies in Eastern Health Board Areas 1 & 2. This service is based on the philosophy of Natural Childbirth".

60% of neonatal nurses have attended WHO/UNICEF Breastfeeding Programme
Rotunda Hospital
Parnell Square, Dublin 1
Telephone: (01) 873 0700  Fax: (01) 873 0932

### General Information

**No. of Maternity Beds:**
- 65 public
- 21 semi-private
- 32 private

**No. of Obstetricians:**
- 12

**No. of Births in 1998:**
- 6387

**Multiple Births (Last 4 Years):**
- 453 sets twins
- 36 sets triplets
- 2 sets other

### Antenatal Care

- No referral letter needed from GP.
- Clinic times: 9.30AM - 11.30AM/1.30PM - 3.30PM.
- There is an appointments system.
- Midwives’ Clinic available.
- Continuity of care: Mother will see a member of the same team each visit.
- 30% of patients opt for combined care.
- Amniocentesis is available.
- Refreshments available from vending machine.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information, Multiple births, Fathers, and Parenting.
- Special help for multiple births.
- Separate antenatal classes.
- 100% of mothers scanned.
- Breech presentation: “options include Version (a method of attempting to turn the baby while still in the womb) breech delivery/Elective C. Section”.

### Antenatal Classes

**Times:**
- 10 - 11.45AM/4 - 6PM

**Charge:**
- Yes (for private patients)

**Average Class Size:**
- 22 + partners

- Partners encouraged to attend all 6 classes.
- Birth plans are encouraged.
- Separate refresher classes and also separate classes for very young mothers, first timers, first time fathers, disabled mothers, mothers with language difficulties and multiple births.
- Usual topics covered: Postnatal Depression, Babycare, Immunisation, Baby Equipment, Costs and Safety.

### Labour

- Accommodation: 9 single rooms, 1 five-bedded room.
- Birth companion (1) welcome at all times during including examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife shared with another mother.
- Walking encouraged.
- Mother may take “clear fluids”.
- Access to bath and/or shower – one room has toilet facilities ensuite.

**Epidural:**
- Available
- Epidural rate: 60%

**Other Pain Relief:**
- Pethidine, TENS and Warm water baths

- Induction rate: 21%
- Criteria for induction labour: “clinical risk to mother/baby, Post maturity – term + 11 – 14 days”.
- Have labour accelerated rate: 40%
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography
  - Foetal scalp blood sampling

### Delivery

- Mother delivers in the same room in which she was during labour.
- Birthing bed available.
- Partner/companion welcome to stay throughout all deliveries including Caesarean Section “at the discretion of obstetrician/anæsthetist.”
- Elective C/S - yes, Emergency C/S - no.
- The mother is free to choose her own position for delivery including giving birth on the floor.
- Lithotomy position used for “instrumental deliveries, suturing of perineum”.

**Epidural Rate:**
- 35%

**Ventricular Delivery Rate:**
- 10.3%

**Forceps Delivery Rate:**
- 6.8%

**Vaginal Breech Delivery:**
- 1.5%

**Vaginal Delivery of Twins:**
- 70%

- Cord cut “following delivery of baby within 1 minute. Active management of 3rd stage predominantly”.
- Cord cut by “usually the person who delivered the baby, occasionally the father of baby”.
- Active management practised routinely but “requests for passive management discussed with mother”.

### Cesarean Section

- Caesarean Section rate: 22%
- Methods of anaesthesia used:
  - General anaesthetic: 10%
  - Spinal anaesthetic: 40%
  - Epidural anaesthetic: 50%
- Additional skilled assistance for mothers who wish to be breastfed: “midwives on ward, baby feeding advisors”.
- Vaginal deliveries after previous Cesarean: “trial of labour usually encouraged”.

### Special Care Unit

- 14 special care cots.
- Full time Consultant Neonatologist.
- Parents and grandparents have free access to the baby.
- No rooms available for parents to stay.
- No hot refreshments/microwave available 24 hours.
- Kangaroo care is not practised.
- Mother cannot feed the baby on demand.
- If the mother of a breastfeeding baby is discharged before her baby she is “advised re. expressing, storage and transport of milk. Storage facilities in unit. Contact with Social Services re. supplying pumps. Dietary advice”.
- Mother’s own milk, water, glucose or formula used to supplement or compliment.
- Methods: Supplementer, tube and bottle.
- Multiple births: “nothing specific to this area. Info. on Multiple Birth Association TAMBA”.
- Information leaflets: “Newborn babies on specialist care, Rotunda hospital Guidelines for establishing successful breastfeeding. Info. on HIV, Smoking, Meningitis, cot death, immunisation, breast pumps etc.”.
POSTNATAL WARD

- Vitamin K given to all babies.
- BCG given in the hospital “if over 27 hrs old Mon. and Thurs.”
- No routine tests done on babies except heel prick test.
- Baby stays with mother all the time and can sleep in mother’s bed or in a cot at mother’s bedside.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother’s own milk.
- Access to food between evening meal and breakfast: “What relatives bring in, cup of tea 8am”.
- Microwave available on ward.
- Visiting: 2 – 3pm/7 – 8pm
  Children can visit.
- Smoking allowed “in designated areas”.

LENGTH OF STAY

<table>
<thead>
<tr>
<th>Type</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primips</td>
<td>3 days</td>
</tr>
<tr>
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<td>C.Ssections</td>
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</table>

48% of mothers initiate breastfeeding

29% are breastfeeding going home

33.3% of postnatal staff have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL PERIOD

- Mother may telephone hospital for up to 6 weeks if she has queries.
- Emergency 24 hour service for mother and baby for 6 weeks.
- Drop-in baby clinic available for 6 weeks after delivery.
- Mother and baby have their 6 week postnatal check-up at the hospital or with their GP.
- Referral to Public Health Nurse: “Public Health Liaison Nurse”.
- Referral to GP: not answered.

SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

- Wheelchair accessible from some doors.
- Toilet facilities for wheelchair users: “not all toilets”.
- No accessible parking for wheelchair users.
- Patients with communication difficulties: “classes given to staff in French”.
- Other difficulties: “as arranged by Social Worker”.
- Special support for parents in case of stillbirth or miscarriage: “From Matron’s office, nursing support, medical/social work department, pregnancy loss clinic.”

DEVELOPMENTS AND SERVICES

- There is a person in the hospital who is responsible for ensuring that the hospital is accessible to patients with disabilities.
- Re: alternative options for birth: “all opinions can be discussed”.
- Lactation Consultant available in the hospital.
- Family planning available: All methods taught.
- Tubal ligation is available in the hospital.
- Referral for genetic counselling to Crumlin Hospital, Dublin.
- Stress Incontinence Programme available in the hospital.
- Special Midwives’ Smear Clinic every Wednesday morning.
- Preconceptual services: “Pregnancy loss clinic, Diabetic service.”
Comparison Table of Dublin Hospitals

<table>
<thead>
<tr>
<th></th>
<th>NATIONAL MATERNITY</th>
<th>COOMBE</th>
<th>ROTUNDA</th>
<th>MOUNT CARMEL</th>
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<td>6998</td>
<td>6387</td>
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<td>Non designated beds:</td>
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<td>Primips:</td>
<td>15%</td>
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<tr>
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<td>Primips:</td>
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<td>70%</td>
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<td>Primips:</td>
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<td>10.3%</td>
<td>5.6%</td>
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<tr>
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<td>2.5%</td>
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<tr>
<td>C. SECTION RATE:</td>
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<td>23.4%</td>
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<td>YES</td>
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<tr>
<td>LENGTH OF STAY FOR</td>
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<td>Primips:</td>
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<td>3 DAYS</td>
<td>4 – 5 DAYS</td>
</tr>
<tr>
<td>Multips:</td>
<td>2 – 3 DAYS</td>
<td>4 DAYS</td>
<td>3 DAYS</td>
<td>3 – 4 DAYS</td>
</tr>
<tr>
<td>C.Sectons:</td>
<td>5 DAYS</td>
<td>6 DAYS</td>
<td>5 DAYS</td>
<td>6 – 10 DAYS</td>
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<tr>
<td>BREASTFEEDING INITIATION RATE:</td>
<td>56.5%</td>
<td>N/G</td>
<td>40%</td>
<td>60.3%</td>
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<tr>
<td>BREASTFEEDING GOING HOME RATE:</td>
<td>54%</td>
<td>N/G</td>
<td>29%</td>
<td>45%</td>
</tr>
</tbody>
</table>

N/G – NOT GIVEN

Cuidiú – ICT can accept no responsibility for accuracy of above figures. Figures as supplied by hospitals.
Portiuncula Hospital
Ballinasloe, Co. Galway
Telephone: (0905) 42140 Fax: (0905) 42916

GENERAL INFORMATION

- NO. OF MATERNITY BEDS:
  - 18 public: 7 semi-private: 8 private
- NO. OF OBSTETRICIANS: 3
- NO. OF BIRTHS IN 1998: 1746
- MULTIPLE BIRTHS (LAST 5 YEARS):
  - 0 sets twins: 2 sets triplets

ANTENATAL CARE

- Referral letter needed from GP.
- Clinic times:
  - Mon: 10AM - 1PM
  - Tues: 2PM - 5PM
  - Thurs: 10AM - 1PM
- There is an appointments system.
- Continuity of care: Mother will see a member of the same team at each visit.
- 100% of patients opt for combined care.
- Refreshments available from cafeteria or vending machine.
- Information leaflets available in the waiting area: Breastfeeding, Health Promotion and General Hospital Information.
- Amniocentesis is available.
- When the diagnosis of multiple birth has been made, the mother receives specific encouragement and information on breastfeeding multiples.
- Care of breech presentation: "Elective Caesarean Section".
- 100% of mothers scanned "first visit".

95% of antenatal midwives have attended WHO/UNICEF Breastfeeding Programme

ANTEPARTUM CLASS.

- TIMES: Tuesdays @ 9PM
- CHARGE: None
- AVERAGE CLASS SIZE: 10

- Partners are encouraged to attend all 4 classes.
- Birth plans are "facilitated".
- Usual topics covered in classes except birth plans, bottle feeding and contraception.

100% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

LABOUR

- Accommodation: 4 single rooms.
- Birth companion (1) welcome at all times including during examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife or student midwife shared with another mother.
- Walking encouraged.
- Mother may take "light diet in normal cases".
- Access to bath and/or shower.

EPIDURAL AVAILABLE

- EPIDURAL RATE: Primips 80% Multips 60%
- OTHER PAIN RELIEF: Mobile epidural, Entonox, Pethidine, TENS and Acupuncture

- Induction rate: 19.4%
- Criteria for inducing labour: "medical and post dates".
- Have labour accelerated: Primips 35%
  - Multips 5%
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography
  - Foetal scalp blood sampling
- 100% of women are monitored electronically "intermittent in all cases".

DELIVERY

- Mother delivers in the same single room in which she was during labour.
- Partner/companion welcome to stay throughout all deliveries including Caesarean Section.
- The mother is not free to choose her own position for delivery.
- Lithotomy position used for "instrumental deliveries and foetal blood sampling".

EPISIDOTOMY RATE:

- Primips 50%: Multips 15%
- VENTOUSE DELIVERY RATE: 13%
- FORCEPS DELIVERY RATE: 5%
- VAGINAL BREECH DELIVERY: 0.3%
- VAGINAL DELIVERY OF TWINS: 0.23%

- Cord cut by "midwife or doctor who delivers baby", "when pulsation ceases".
- Father can cut cord.
- Natural third stage management is permitted on request.

100% of delivery room midwives have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION

- Caesarean Section rate: 20%
- Vaginal deliveries after previous Caesarean: "...permitted..."
- Methods of anaesthesia used:
  - General anaesthetic: 15%
  - Spinal anaesthetic: 85%
- Additional skilled assistance for breastfeeding mothers: "Normal assistance".

SPECIAL CARE UNIT

- 7 special care cots.
- Full-time Consultant Neonatologist.
- Parents, siblings and grandparents have free access to the baby.
- No room available for parents to stay.
- Kangaroo care is not practised.
- Mother can feed the baby on demand.
- Breastfeeding mothers given all usual facilities (see introduction).
- If the mother of a breastfeeding baby is discharged before her baby: "She may continue to take her expressed milk into the SCBU and we store same for her in the fridge".
- Mother’s own milk or formula used to supplement or compliment.
- Methods: Cup, tube and bottle.
- Multiple births: no special help given.
- Information leaflets:
  - "(1) Book on special care baby units, (2) Leaflets on feeding your baby, (3) Information on guidelines to reduce cot death".

4 neonatal nurses have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL WARD

- Vitamin K given to all babies by injection.
- BCG not given in the hospital.
- No routine tests on babies except heel prick test.
- Baby stays with mother all the time and sleeps in cot at mother’s bedside.
- Mother can breastfeed on demand at night.
* Breastfed babies sometimes supplemented by mother’s own milk or formula.
* Access to food between evening meal and breakfast: “Ward facilities for tea and toast”.
* Microwave available on ward.
* Visiting: Open visiting. Children can visit.
* No smoking allowed.

**LENGTH OF STAY:**
- Primips: 3/4 days
- Multips: 2/3 days
- C.Sectons: 5/7 days

- 40% of mothers initiate breastfeeding
- 38% are breastfeeding going home

**100% of postnatal midwives have attended WHO/UNICEF Breastfeeding Programme**

**DEVELOPMENTS AND SERVICES**
- Family planning: all methods taught.
- Tubal ligation available in the hospital.
- Referral for genetic counselling: to Our Lady’s Hospital, Crumlin or Rotunda Hospital, Dublin.
- Stress Incontinence Programme available in the hospital.
- Lactation Consultant available in the hospital.

**POSTNATAL PERIOD**
- “Mum free to contact the maternity unit and speak with a midwife or doctor”.
- Emergency 24 hour service for mother and baby.
- Drop-in Breastfeeding clinic available.
- Mother and baby may have their 6 week postnatal check-up at the hospital or with GP.
- Referral to Public Health Nurse: “Notification of birth by fax”.
- Referral to GP: “Letter from obstetrician”.

**SPECIAL NEEDS**

**UNUSUAL CIRCUMSTANCES**
- Wheelchair accessible including toilet facilities on every ward.
- Accessible parking.
- Patients with communication difficulties: “procedures in place where employees fluent in Irish, French, German, Italian, Sign Language”.
- Special support for parents in case of stillbirth or miscarriage: “Pastoral care, Paediatrician, Follow up visit with Obstetrician”.

COUNTY GALWAY
GENERAL INFORMATION

NO. OF MATERNITY BEDS:
49 public 18 semi-private 13 private
NO. OF OBSTETRICIANS: 5
NO. OF BIRTHS IN 1998: 2752
MULTIPLE BIRTHS (LAST 4 YEARS): 222 sets twins 17 sets triplets

ANTENATAL CARE

- Clinic times:
  Wed/Thurs/Fri. 9.30-11.00
- Referral letter needed from GP
- Appointments system: "Yes for 1st visit No for revisions"
- Midwives’ Clinic available
- Continuity of care: Mother will see a member of the same team or same midwife at each visit.
- 100% of patients opt for combined care
- Water available in antenatal area.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information and Parenting.
- Approx. 99% of mothers scanned "unless they decline"
- Amniocentesis and Chorionic Villus Sampling are available in the hospital.
- Policy for breech presentations "depends on gestation, protocols under review at the moment"
- When the diagnosis of multiple birth has been made the mother receives leaflets from the Irish Multiple Birth Assoc.

95% of antenatal midwives have attended WHO/UNICEF Breastfeeding Programme

ANTENATAL CLASSES

TIMES: 10am/2pm/6.30pm/No weekend classes "as yet"
CHARGE: none
AVERAGE CLASS SIZE: 20 mothers

- Partners are encouraged to attend all 5 classes.
- Separate classes for very young mothers, first-timers, refresher classes and disabled mothers/mothers with language difficulties.

- Usual topics covered plus – Pre-term labour and Postnatal depression.
- Contraception covered in postnatal class.

100% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

LABOUR

- Accommodation: 8 single rooms.
- Birth companion (1) welcome at all times including during examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- ARM “only with patient’s consent”
- No shave.
- No enema.
- Midwife assigned to each mother.
- Walking encouraged.
- Mother may take "iced water" during labour.
- Access to: Ensuite, Bath and shower "antefotal ward only".

EPIDURAL: available

EPIDURAL RATE: Primips 70% Multips 40%
OTHER PAIN RELIEF: Pschoprophylaxis, Entonox, Pethidine, Massage, TENS, Acupuncture, Hypnosis, Aromatherapy and Reflexology

- Induction rate: 35.3%
- Criteria for inducing labour:
  1. Term + 10 days
  2. High Blood Pressure
  3. Placental insufficiency
  4. Decreased liquor volume
  5. Abnormal Doppler
- Have labour accelerated: 21%
- 6.7% of women are monitored electronically.
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography
  - Foetal scalp blood sampling

DELIVERY

- Mother delivers in the same single room in which she was during labour.
- Birthing bed available.
- Partner/companion welcome to stay throughout all deliveries including Caesarean Section (if under epidural).
- The mother is free to choose her own position for delivery "...on bed only at the moment”.
- Lithotomy position used for support with epidural “unless patient refuses”.
- Cord cut “when it stops pulsating” by “midwife/partner if he/she requests”.
- Active management practiced routinely but natural third stage management management is permitted on request.

100% delivery room midwives have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION

- Caesarean Section rate: 17.5%
- Vaginal deliveries after previous Caesarean: “Each case is dealt with on an individual basis”.
- Additional skilled assistance for breastfeeding mothers “Staff midwife encourages mum to breastfeed as soon as she is able to post delivery”.

SPECIAL CARE UNIT

- 14 special care cots.
- No full-time Consultant Neonatologist.
- "Open visiting for parents, grandparents and siblings. Other family members at parents request and staff discretion”.
- There is a room available for parents to stay.
- Hot refreshments/microwave available 24 hours. “Tea/Coffee-making facilities. Hospital dining room is open to parents”.
- A modified version of Kangaroo care is practised.
- Mother can feed the baby on demand.
- Breastfeeding mothers are given all the usual facilities (see introduction) plus “arrangements made to rent pump”.
- If the mother of a breastfeeding baby is discharged before her baby. “Mothers/Parents room is available, or Gynaecology ward allows mothers to have a bed at weekends”.
COUNTY GALWAY

POSTNATAL PERIOD

- Mother may telephone hospital at any time if she has queries. "We don't have a drop-in clinic but any mother can call back to the ward to discuss problems. A few breastfeeders do."
- Mother has her postnatal check-up with her GP unless "Caesarean section or difficult deliveries".
- Baby has its 6 week check-up with GP: "all normal deliveries" or otherwise at the Paeds. OPD (Out-Patients Dept).
- Referral to Public Health Nurse/GP: "A computerised letter is sent from postnatal ward to FHN and GP on discharge".

SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

- Wheelchair accessible, including toilet facilities in every department.
- Accessible parking.
- Patients with communication difficulties - "Social Work dept organises interpreter. Parentcraft teacher has sign language".
- Special support for parents in case of stillbirth or miscarriage: "Support group".

DEVELOPMENTS AND SERVICES

- There is a named person in the hospital who is responsible for ensuring that the hospital is accessible to patients with disabilities.
- Family planning: All methods taught in postnatal classes.
- Tubal ligation is available.
- Genetic counselling is offered in the hospital.
- Stress Incontinence Programme available in the hospital.
- Multidisciplinary Home Birth Pilot Project: "From the 1st October the Maternity Unit... will be able to offer three new additional choices to pregnant women.
1. OUTREACH MIDWIFERY: where a midwife will provide ante, intra and post natal care to the mother within her own home and living within 20 miles of University College Hospital, Galway.
2. DOMICILIARY CARE IN AND OUT OF HOSPITAL: where the midwife will provide antenatal and postnatal care in the mother's own home, the midwife will accompany the mother in labour to hospital and following six hours after delivery, the mother and baby go home.

3. HOME FROM HOME: for mothers who do not wish to have a birth in hospital but who are prepared to relocate to domestic type accommodation near to University College Hospital, Galway. In the event that a complication arises, they can then be transferred in quickly"
GENERAL INFORMATION

NO. OF MATERNITY BEDS:
28 public
6 private

NO. OF OBSTETRICIANS:
2

NO. OF BIRTHS IN 1998:
1132

MULTIPLE BIRTHS (LAST 4 YEARS):
57 sets twins
2 sets triplets

ANTENATAL CARE
- Referral letter needed from GP.
- Clinic times:
  Tuesday and Thursday: 9AM – 1PM
  Wednesday: 9AM – 5PM
- There is an appointments system.
- Midwives' Clinic available.
- Continuity of care: Mother will see the same Consultant or a member of the same team at each visit.
- 95% of patients opt for combined care.
- Cafeteria available.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information, Multiple births, Fathers and Parenting.
- 100% of mothers scanned at “booking and at 38 weeks or as required”.
- Amniocentesis is not available.
- When the diagnosis of multiple birth has been made the mother receives specific encouragement and information on breast feeding multiples.
- Breech presentation: “Consultant decision – Primip, breech, Elective C/S at term”.

100% of these giving classes have attended WHO/UNICEF Breastfeeding Programme

ANTENATAL CLASSES
TIMES:
1 morning/1 afternoon/2 evening sessions
CHARGE:
none
AVERAGE CLASS SIZE:
10 – 12 mothers & their partners

60% approx. of antenatal midwives have attended WHO/UNICEF Breastfeeding Programme

100% of these giving classes have attended WHO/UNICEF Breastfeeding Programme

LABOUR
- Accommodation: 4 single rooms.
- Birth companion (1) welcome at all times except during examinations.
- Birth plans facilitated.
- Fetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife assigned to each mother.
- Walking encouraged.
- Mothers may take light diet and fluids.
- Access to bath and shower.

EPIDURAL: Limited service available
EPIDURAL RATE: Primips 15% Multips 10%
OTHER PAIN RELIEF: Entonox, Pethidine, TENS and Warm water baths

- Induction rate: 26.5%
- Criteria for inducing labour: “Consultant decision”.
- Acceleration of labour rate: 30% approx.
- 100% of women are monitored electronically “(1) routinely on admission (2) Following induction – throughout labour (3) Assessment”.
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography

DELIVERY
- Mother delivers in a different room than that in which she was during labour.
- Partner/companion welcome to stay throughout all normal deliveries only.
- The mother is not free to choose her own position for delivery.
- Lithotomy position used
  - “(1) for instrumental deliveries, (2) Suturing – sometimes”.

EPISIOTOMY RATE:
Primips 70% Multips 30%

VAGINAL BREECH DELIVERY: not answered
VENTOUSE DELIVERY RATE: 4.4%
FORCEPS DELIVERY RATE: 2.4%
VAGINAL DELIVERY OF TWINS: 0

CAESAREAN SECTION
- Tralee General Hospital declined to give information on Caesarean Sections on the basis that “the information contained in this section was considered not to be appropriate for publication”.

SPECIAL CARE UNIT
- 10 special care cots.
- Full time Consultant Paediatrician.
- Parents, grandparents and siblings have free access to the unit.
- There is no room available for parents to stay.
- “Dining room facilities available at meal times during the day and at night”.
- Kangaroo care is practised.
- Mother can feed the baby on demand.
- Breastfeeding mothers are given all usual facilities (see introduction) plus a quiet room for expressing.
- If the mother of a breastfeeding baby is discharged before her baby she is “encouraged to attend for feeds during the day”.
- Mother’s own milk, water or formula used to supplement or compliment.
- Methods: tube and bottle.
- Information leaflets: “Information booklet for parents who have babies in special care”.
- Multiple Births: “Midwives and parentcraft teachers”.

76% of neonatal nurses/midwives have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL WARD
- Vitamin K given to all babies by injection.
- BCG not given in the hospital.
- No routine tests done on baby except for heel prick test. H.B., Serum bilirubin done (“when indicated”).
- Baby stays with mother all the time.
- Baby sleeps in nursery.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother's own milk or formula.
- Access to food between evening meal and breakfast: "Snack at 8pm – Tea/coffee with scone or cake".
- Visiting: Open visiting. Children are allowed to visit.
- No smoking allowed.

**LENGTH OF STAY:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primips</td>
<td>5 days</td>
</tr>
<tr>
<td>Multiples</td>
<td>1/4 days</td>
</tr>
<tr>
<td>C. Sections</td>
<td>5/8 days</td>
</tr>
</tbody>
</table>

33% of mothers initiate breastfeeding
28% are breastfeeding going home

90% of postnatal midwives have attended
WHO/UNICEF Breastfeeding Programme

**POSTNATAL PERIOD**

- Mother may telephone hospital at any time if she has queries.
- Emergency 24 hour service for mother and baby "any time there is a problem".
- Mother has her postnatal check-up with the hospital or with her GP.
- Baby has its 6 week check-up with GP.
- Referral to Public Health Nurse: "Written notification re. birth immediate on discharge".
- Referral to GP: "Interim discharge letter and complete discharge letter follows".

**DEVELOPMENTS AND SERVICES**

- Family planning: "discussed with patient at postnatal check by doctor – patient's choice".
- Referral for genetic counselling to Dublin.
- Stress Incontinence Programme in hospital.
- Pre-conceptual services: "information leaflets available at the out patient's clinics".
- Tubal ligation is available in the hospital.
- Smear test: "recommended to return 3 months post".

**SPECIAL NEEDS**

**UNUSUAL CIRCUMSTANCES**

- Wheelchair accessible including toilet facilities on every ward and department.
- Accessible parking.
- Patients with communication difficulties
  - "Translation computer Package e.g. French/English, English/French" "visual charts" "staff with sign language skills" "person to person communication".
- Special support for parents in case of stillbirth or miscarriage: "Midwives support, chaplaincy team, consultant support, follow up at the out patients department."
### St. Luke's General Hospital

Freshford Road, Kilkenny
Telephone: (056) 511333  Fax: (056) 21149

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>No. of Maternity Beds:</th>
<th>Labour</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 public 6 semi-private 6 private</td>
<td>Accommodation: 3 single rooms, 1 two-bedded room.</td>
</tr>
<tr>
<td>No. of Obstetricians: 2</td>
<td>Birth companion (&quot;2. if unmarried mother – partner and mother&quot;) welcome at all times including during examinations.</td>
</tr>
<tr>
<td>No. of Births in 1998: 1,308</td>
<td>Foetal monitoring done routinely on admission.</td>
</tr>
<tr>
<td>Multiple Births (last 5 years): 54 sets twins 0 sets triplets</td>
<td>No shave.</td>
</tr>
</tbody>
</table>

### ANTENATAL CARE

- Referral letter not needed from GP but "advised to have same".
- Clinic times: Monday evenings and Friday mornings. Wednesday mornings in Carlow.
- There is an appointments system.
- Continuity of care: Mother will see a member of the same team each visit.
- "At least 70%" of patients opt for combined care.
- Vending machine available in antenatal area.
- Information leaflets available in waiting area: Pregnancy, Breastfeeding, Health Promotion and General Hospital Information.
- 90% of women have ultrasound scans.
- Amniocentesis not available.
- Women with breech presentations have "discussion and option of mode of delivery".

70% of midwives in the delivery room have attended WHO/UNICEF Breastfeeding Programme

### ANTENATAL CLASSES

- Time: Course comprises 5 afternoons and 1 evening
- Charge: None
- Average class size: 14

- Partners are encouraged to attend some classes.
- Usual topics covered plus – Stages and signs of labour, Puerperal care and postnatal depression, Instrumental deliveries and Caesarean Sections.

100% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

<table>
<thead>
<tr>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Mother delivers in the same room in which she was during labour.</td>
</tr>
<tr>
<td>- Birthing bed available.</td>
</tr>
<tr>
<td>- Partner/companion can remain with mother during a normal delivery. For forceps/ventouse/C. Section, birth companion allowed only at &quot;doctors discretion&quot;.</td>
</tr>
<tr>
<td>- The mother is free to choose her own position for delivery including giving birth on the floor.</td>
</tr>
<tr>
<td>- Lithotomy position used for &quot;instrumental deliveries, perineal suturing&quot;.</td>
</tr>
</tbody>
</table>

### LABOUR

- Cord cut by the midwife or obstetrician "usually when stopped pulsating – discretion of midwife".
- Father can participate in cutting the cord on request.
- Active management practised routinely but natural third stage management is permitted on request.

70% of midwives in the delivery room have attended WHO/UNICEF Breastfeeding Programme

### CAESAREAN SECTION

- Caesarean Section rate: 25%
- Vaginal deliveries after previous Caesarean: "not mandatory".
- All mothers have trial of scar if other parameters are normal.
- Additional skilled assistance for breastfeeding mothers "midwives provide excellent support and assistance".

### SPECIAL CARE UNIT

- "All babies transferred to neonatal unit in Waterford at present".
- "Two new paediatricians since Jan. 1999 – sick baby nursery being developed due to open soon".
- Breastfeeding mothers are given all usual facilities (see introduction) and also a quiet room for expressing.
- Mother can feed baby on demand "if clinically appropriate".
- If the mother of a breastfeeding baby is discharged before her baby she "may return to hospital at any time, readmitted if necessary to get milk established".
- Mother's own milk or formula used to supplement or compliment.
- Methods: Cup, tube or bottle.
- Multiple births: "extra time and attention".
- Information leaflets: No leaflets printed by formula companies "discontinued since joining Baby Friendly Hospital Initiative".
- Hot refreshments/microwave facilities are available 24 hours to parents of sick babies.

70% of neonatal midwives have attended the WHO/UNICEF Breastfeeding Programme
COUNTY KILKENNY

POSTNATAL WARD

- Vitamin K given to all babies by injection.
- BCG given in the hospital.
- No routine tests except heel prick test.
- Baby can stay with mother at all times, sleeping in the nursery or in cot at mother's bedside. "Rooming in encouraged - not compulsory".
- Mother can breastfeed on demand at night.
- Breastfed babies are sometimes supplemented by mother's own milk or formula. "If medically indicated or mother's own request".
- Mother can obtain tea and toast "on request".
- Microwave available on the ward.
- Visiting: Partners all day
  Others: 2pm - 4pm/6.30pm - 8.30pm
  Children allowed to visit ("siblings only").
- Smoking allowed in designated smoking room.

<table>
<thead>
<tr>
<th>LENGTH OF STAY</th>
<th>Primips - 4 days</th>
<th>Multips - 3 days</th>
<th>C.Ssections - 6/7 days</th>
</tr>
</thead>
</table>

32% of mothers initiate breastfeeding
24% are breastfeeding going home

70% of midwives on postnatal ward have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL PERIOD

- Mothers may telephone hospital "24 hr ...to midwife on duty".
- Mothers and babies have their postnatal check-up and smear test with the GP.
- Referral to Public Health Nurse: "Liaison PHN."
- Referral to GP: "Doctor's letter" "Direct phone call to GP or PHN if there is a problem."

SPECIAL NEEDS/UNUSUAL CIRCUMSTANCES

- Wheelchair accessible including toilet facilities on every ward/floor.
- Accessible parking.
- Patients with communication difficulties - "Attempt to locate interpreter"
  "Access to written material" "Staff member with sign language skills".
- No procedures in place for communicating with visually impaired.
- Special support for parents in case of stillbirth or miscarriage: "Specific protocols are followed, e.g. Counselling, Phone call after discharge. Phone nos. of support groups etc."

DEVELOPMENTS AND SERVICES

- The hospital manager is responsible for ensuring that the hospital is accessible to patients with disabilities.
- Family planning advice available ("natural, oral, barrier, injectable").
- Tubal ligation available.
- Referral for genetic counselling: - Crumlin Hospital, Dublin.
GENERAL INFORMATION

NO. OF MATERNITY BEDS:
15 public  0 semi-private  8 private

NO. OF OBSTETRICIANS:
2

NO. OF BIRTHS IN 1998:
1087

MULTIPLE BIRTHS (LAST 5 YEARS):
48 sets twins 0 sets triplets

ANTENATAL CARE

- Referral letter needed from GP.
- Clinic times:
  Thurs and Fri: 9.30am – 12.30pm.
- There is an appointments system.
- Continuity of care: Mother will see a member of the same team each visit.
  "After 36 weeks same consultant sees mothers at each visit."
- 100% of patients opt for combined care.
- Refreshments not available.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding and Fathers.
- When the diagnosis of multiple birth has been made the mother is informed of "special social welfare benefits. Seen at each visit by consultant."
- 100% of mothers scanned.
- Amniocentesis is not available.
- Breach presentation: "Seen by consultant at each visit. Encouraged to come in immediately at first sign of labour."

50% of antenatal staff have attended WHO/UNICEF Breastfeeding Programme

ANTENATAL CLASSES

TIMES: Evenings 7pm – 9pm
CHARGE: yes
AVERAGE CLASS SIZE: 16 – 18

- "Breastfeeding class first Tues. every month given by La Leche League."
- Partners are encouraged to attend some of the 4 classes.
- Birth plans are not encouraged.
- Usual topics covered except birth plans.

100% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

LABOUR

- Accommodation: single rooms available, number not given.
- Birth companion (1) welcome at all times except during examinations.
- Birth plans facilitated "as far as possible."
- Enema and foetal monitoring done routinely on admission.
- No shave.
- No routine ARM.
- Midwife assigned to each mother.
- Walking encouraged.
- Mother may take "light meals except if liquor is meconium stained."
- Access to bath and/or shower.

EPIDURAL available:

EPIDURAL RATE: Primips 6%. Multips 5%.
OTHER PAIN RELIEF: Entonox, Pethidine, Massage, TENS, Reflexology, Aromatherapy and Warm water baths

Induction rate: 6.02%

Cauter for inducing labour: "In baby's interest. 42 weeks gestation if the cervix is ripe. Reduced liquor and reduced foetal movements."

Have labour accelerated: "Information not available."

Forms of foetal monitoring available:
- Finard stethoscope
- Sonicaid
- Cardiotocography

- Cord cut by "midwife usually" "after pulsation is stopped."
- Father can participate "if he so wishes."
- "Symomotine 1 amp given after delivery of shoulders and wait for signs of separation" practised routinely but natural third stage management is permitted on request.

50% of delivery room midwives/50% of paediatricians have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION

- Caesarean Section rate: 19%
- Additional skilled assistance for mothers who wish to breastfeed: "Midwives give extra help to mothers who have had CS i.e. help with position, bringing baby to mother, giving leaflets and information."
- Vaginal deliveries after previous Caesarean: "Mother would get trial of labour. If labour was not progressing at a satisfactory rate then mother would require another C Section."

SPECIAL CARE UNIT

- No special care unit in this hospital.

DELIVERY

- Mother delivers in the same room in which she was during labour.
- Birthing bed not available.
- Partner/companion welcome to stay throughout all deliveries except Caesarean Section.
- The mother is not free to choose her own position for delivery.
- Lithotomy position used for "forceps and vacuum deliveries."

EPISIOTOMY RATE:
- Primips 18%  Multips 4%
- VENTOUSE DELIVERY RATE:
  Primips 2%  Multips 1%
- FORCEPS DELIVERY RATE:
  Primips 1%  Multips 1%
- VAGINAL BREECH DELIVERY:
  Primips 2%  Multips 1%
- VAGINAL DELIVERY OF TWINS:
  Primips 0.2%  Multips 0.5%

POSTNATAL WARD

- Vitamin K given to all babies by injection.
- BCG given in the hospital.
- Heel prick test done routinely on babies.
- Baby stays with mother all the time "if she requests."
- Baby sleeps in nursery at night.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother's own milk.
- Access to food between evening meal and breakfast: "Sandwiches at 9am, Tea and toast if requested later."
- Microwave available on ward.
- Visiting: "no visiting after 9am. Visitors can come in during the day except at meal times— encouraged to wait in sitting room. Also when mother is breastfeeding." Children can visit.
- Smoking allowed in smoking room.
COUNTY LAOIS

LENGTH OF STAY
- Primips – 4 days
- Multips – 3/4 days
- C.Sections – 7 days

30% – 35% of mothers initiate breastfeeding
26% are breastfeeding going home

50% postnatal midwives/50% Paediatricians have attended WHO/UNICEF Breastfeeding Programme

DEVELOPMENTS AND SERVICES
- Family planning: “Natural family planning – Billings, Natural Procreation technology, coil, Depo-Provera, also family planning clinics/gynaecology clinics.”
- Tubal ligation is available in the hospital.
- Stress Incontinence Programme is available in the hospital.
- Lactation Consultant available in the hospital.

POSTNATAL PERIOD
- Mother may telephone hospital at any time if she has queries.
- Drop in breastfeeding clinic available.
- Mother and baby have their 6 week postnatal check-up with their GP.
- Referral to Public Health Nurse: “Birth notification sent on day of delivery”.
- Referral to GP: “Doctor’s letter sent to GP on day of discharge”.

SPECIAL NEEDS
UNUSUAL CIRCUMSTANCES
- Access ramps to some entrances. There are no easily opened doors for wheelchair users or wheelchair friendly toilet facilities.
- Accessible parking.
- Patients with communication difficulties: No facilities in place.
- Special support for parents in case of stillbirth or miscarriage: “Support from all midwives (some of our midwives have attended a Bereavement Course). A single room is available so that relatives can come and go as they so wish. The stillborn baby stays with the parents day and night if they wish. A little lifetime’ and ‘Miscarriage’ leaflets are given to patients. A special booklet – with baby’s photo, hand and foot prints, hair etc. are given to the parents. Facilities for parents to take their own photos is also available.”
**St. Munchins Regional Maternity Hospital**  
Ennis Road, Limerick  
Telephone: (061) 327 455  
Fax: (061) 326 086

**GENERAL INFORMATION**

- **NO. OF MATERNITY BEDS:**
  - 53 public  
  - 12 semi-private  
  - 15 private
- **NO. OF OBSTETRICIANS:** 5
- **NO. OF BIRTHS IN 1996:** 3033
- **MULTIPLE BIRTHS (LAST 5 YEARS):**
  - 222 sets twins  
  - 12 sets triplets

**ANTENATAL CARE**

- Referral letter from GP: "Desirable but not necessary".
- Clinic times:
  - Mon./Tues./Wed./Fri. – mornings
  - Mon. afternoon – Ennis  
  - Alternate Thurs. – Nenagh
- There is an appointments system.
- Midwives’ Clinic available.
- Continuity of care: Mother will see a member of the same team each visit or same midwife if attending the Midwives’ Clinic.
- 100% of patients opt for combined care.
- Refreshments available from vending machine.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information and Multiple Births.
- 100% of mothers scanned at ‘booking and if needed at 32 weeks’.
- Amniocentesis is not routinely available.
- Breach presentation: “Scan for size. If primip – Elective C.Sec. If multip – Discuss with consultant.”
- When the diagnosis of multiple birth has been made the mother receives specific encouragement and information on breastfeeding multiples and contact numbers for the Irish Multiple Birth Association.

Approx. 30% of antenatal midwives have attended WHO/UNICEF Breastfeeding Programme

**LABOUR**

- Accommodation: 1 three-bedded first stage room, 5 single rooms.
- Birth companion (1) welcome at all times including during examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- ARM carried out “with consent”.
- No shave.
- No enema.
- Midwife assigned to each mother.
- Walking encouraged.
- Mother may take “Fluids only – usually iced water”.
- Access to shower.
- **Epidural:** available  
  - ** Epidural rate:** 25.27%
  - **Other pain relief:** Entone and Pethidine

- Induction rate: 25%
- Criteria for inducing labour: "Post maturity, Macrosomia (very big baby), I.U.G.R., P.E. and any other obstetric problems".
- Have labour accelerated: % rate not available.
- 100% of women are monitored electronically ALL mothers have admission CTG of 20 mins and continuous foetal monitoring for obstetric problems.
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography

**DELIVERY**

- Mother delivers in the same room in which she was during labour.
- Birthing bed available.
- Partner/companion welcome to stay throughout all deliveries including Caesarean Section if Caesarean Section done under epidural. Decision of consultant.
- The mother is free to choose her own position for delivery including giving birth on the floor.
- Lithotomy position used "for forceps and ventouse deliveries and suturing".
- Cord cut by "midwife or partner if he wishes" “after pulsation has stopped”.
- Active management practised routinely but natural third stage management is permitted on request.

60 – 70% delivery room midwives have attended WHO/UNICEF Breastfeeding Programme  
"ongoing course"

**CAESAREAN SECTION**

- Caesarean Section rate: 24.58%
- Vaginal deliveries after previous Caesarean: No hospital policy on same.
- Additional skilled assistance for breastfeeding mothers: "(1) 11f under spinal, bonding with baby in Operating Theatre as soon as possible after delivery – touching, holding, (2) Breastfeed in recovery, (3) Transfer to ward with baby in arms and partner present, (4) Recomence or commence BF in postnatal ward. Usual time in recovery 15-20 mins”.

**SPECIAL CARE UNIT**

- 21 special care cots.
- Full time Consultant Neonatologist.
- Parents, grandparents and siblings have free access to the baby.
- There is a room available for parents to stay.
- Hot refreshments available in “Hospital Canteen 9AM – 7PM, Visitors’ Canteen 10AM – 9PM. As requested.”
- Mother can feed the baby on demand.
- Modified version of Kangaroo care is practised.
- If the mother of a breastfeeding baby is discharged before her baby special
COUNTY LIMERICK

arrangements are made to support her continuing to breastfeed: "Parent’s room, storage of milk, encouraged to stay with baby where possible".

- Mother’s own milk or formula ("only on mum’s request") used to supplement or compliment.
- Methods: Bottle ("only on mum’s request/permission must be given"), syringe, cup and tube.
- Multiple births.
  - (1) Lactation consultant.
  - (2) Midwives trained in BF.
  - (3) All information re: expressing/ storage of breast milk. Milk stored for mums.
  - (4) Support group for multiple births in Midwest given to parents.
- Information leaflets:
  - (1) Hospital policy booklet.
  - (2) Breastfed is Bestfed booklet.
  - (3) Special care babies booklet.
  - (4) Cuiditó booklets are available but not regularly.
  - (5) La Leche League: information leaflets.

34% of mothers initiate breastfeeding.
33% are breastfeeding going home.
Combined feeding: 1%.

60% + of postnatal midwives have attended WHO/UNICEF Breastfeeding Programme.

POSTNATAL PERIOD

- Mother may telephone hospital at any time if she has queries.
- Emergency 24 hour service for mother and baby indefinitely.
- Drop-in Breastfeeding/bottle feeding clinic one afternoon a week.
- Mother and baby have their 6 week postnatal check-up with their GP or Consultant Obstetrician.
- Referral to Public Health Nurse: "notification of birth".
- Referral to GP: "letter".
- Senior PHN "Fax to ensure PKU is carried out... phone call if special reason."

SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

- Some wheelchair accessible doors and one purpose built wheelchair accessible toilet (in ward M1).
- "There are no steps at any of the hospital entrances".
- No accessible parking.
- Patients with communication difficulties — "Ad hoc procedures".
- Special support for parents in case of stillbirth or miscarriage: "Counselling midwife, Specific accommodation".

DEVELOPMENTS AND SERVICES

- Family planning available: "Typed information and advice given on discharge".
- Pre-conceptual services: "Done through counselling midwife".
- Tubal ligation is available in the hospital "at Caesarean Section only".
- Referral for genetic counselling available.
- No Stress Incontinence Programme.
- Lactation Consultant available.

<table>
<thead>
<tr>
<th>POSTNATAL WARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin K given to all babies by injection.</td>
</tr>
<tr>
<td>BCG not given in the hospital.</td>
</tr>
<tr>
<td>No routine tests on babies except heel prick test.</td>
</tr>
<tr>
<td>Baby stays with mother all the time.</td>
</tr>
<tr>
<td>Mother can breastfeed on demand at night.</td>
</tr>
<tr>
<td>Breastfed babies sometimes supplemented by mother’s own milk, water or formula (&quot;cup feed of same&quot;).</td>
</tr>
<tr>
<td>Access to food between evening meal and breakfast. &quot;None – can have tea/coffee, toast if requested&quot;.</td>
</tr>
<tr>
<td>Visiting: Partner/Parent/Next of kin: 24 hours, Others: 2PM – 4PM/7PM – 9PM. Children can visit.</td>
</tr>
<tr>
<td>Smoking allowed in &quot;designated room at end of ward corridor.&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LENGTH OF STAY</th>
<th>Primips – 4 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Multips – 3 days</td>
</tr>
<tr>
<td></td>
<td>C.Sectons – 6 days</td>
</tr>
</tbody>
</table>

50% of midwives/80% of neonatal nurses have attended WHO/UNICEF Breastfeeding Programme.
Louth County Hospital
Dublin Road, Dundalk
Telephone: (042) 933 4701 Fax: (042) 932 6000

GENERAL INFORMATION
- No. of Maternity Beds: 8 public, 2 semi-private, 4 private
- No. of Obstetricians: 1
- No. of Births in 1998: 499
- Multiple births (last 5 years): Not given

ANTENATAL CARE
- Referral letter needed from GP.
- Clinic times: “Wednesday morning”.
- There is an appointments system.
- Continuity of care: Mother will see a member of the same team each visit.
- 100% of patients opt for combined care.
- Refreshments available from vending machine.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information and Fathers.
- Amniocentesis is not available.
- When the diagnosis of multiple birth has been made the mother receives specific encouragement and information on breastfeeding multiples.
- 100% of mothers scanned “following antenatal booking”.

ANTENATAL CLASSES
- Times: 18.30 hrs every Tues.
- Charge: Yes
- Average class size: 10 – 17
- Partners are encouraged to attend all 4 classes.
- Birth plans are not encouraged.
- Usual topics covered in classes.

LABOUR
- Accommodation: 2 single rooms.
- Birth companion (1) welcome at all times except during examinations.
- Birth plans not facilitated.

DELIVERY
- Mother delivers in the same single room in which she was during labour.
- Partners/companion welcome to stay throughout normal deliveries and Caesarean Section. All other deliveries (Forceps and Ventouse) “depends on medical staff”.
- The mother is not free to choose her own position for delivery.
- Lithotomy position used “for forceps and vacuum deliveries”.
- Cord cut “after delivery of baby” by “person delivering baby”.
- Father cannot participate at all.
- “Syntometrine and Controlled Cord Traction – unless contra indicated” practised routinely but natural third stage management is permitted on request.
- Baby stays with the mother in the labour ward “unless medically contra-indicated”.

90% of midwives who have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION
- Caesarean Section rate: 20%
- Vaginal deliveries after previous Caesarean: Mothers given “trial of labour”.

SPECIAL CARE UNIT
- No special care baby unit in this hospital.

POSTNATAL WARD
- Vitamin K given “only to babies following Forceps and Vacuum delivery and Caesarean Sections.”
- BCG given in the hospital.
- No routine tests on babies except heel prick test.
- Mother can keep her baby with her at all times “...in private rooms unless requested by mother”.
- Baby sleeps in nursery.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother’s own milk or formula.
- Access to food between evening meal and breakfast: “Cup of tea and biscuit only after every meal”.
- Microwave available on ward.
- Visiting: Open visiting “except for the hours 1pm – 3pm, rest period for mothers.” Children can visit.
- No smoking allowed.

LENGTH OF STAY:
- Primips – 5 days
- Multiples – 3/4 days
- CSectons – 6/7 days

24 – 26% of mothers initiate breastfeeding
20 – 22% are breastfeeding going home
1 – 2% Combined feeding

90% of midwives who have attended WHO/UNICEF Breastfeeding Programme
COUNTY LOUTH

POSTNATAL PERIOD

- Mother may telephone hospital at any time if she has queries.
- Mother has her postnatal check-up at the hospital.
- Baby has its 6 week check-up with GP.
- Referral to Public Health Nurse: “Liaison nurse”.
- Referral to GP: “Letter sent to each GP.”

SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

- Wheelchair accessible including toilet facilities on every floor.
- Accessible parking.
- Patients with communication difficulties – No procedures in place.
- Special support for parents in case of stillbirth or miscarriage: “Parents are given contact no. for ISANDS, also special booklet containing photo and prints of baby and details such as baby’s weight etc. are given to parents. Parents are encouraged to hold baby and keep baby in room for some time.”

DEVELOPMENTS AND SERVICES

- There is a named person in the hospital who is responsible for ensuring that the hospital is accessible to patients with disabilities.
- Home birth service being developed by the hospital. No details given.
- Lactation Consultant available in the hospital.
- Family planning: available in hospital. No details given.
- Tubal ligation is available in the hospital.
- Referral for genetic counselling: – Rotunda Hospital, Dublin or Royal Hospital, Belfast.
- Stress Incontinence Programme available in hospital.
- Smear test available at postnatal check-up.
GENERAL INFORMATION
NO. OF MATERNITY BEDS: 37 public, 8 semi-private, 10 private
NO. OF OBSTETRICIANS: 3
NO. OF BIRTHS IN 1998: 1980
MULTIPLE BIRTHS (LAST 5 YEARS): 107 sets twins, 1 set triplets

ANTENATAL CARE
- Referral letter needed from GP.
- Clinic times:
  Booking clinic: Monday/Wednesday/Thursday 09.00hrs – 12.00hrs.
  Antenatal Review Clinic: Tuesday/Thursday 13.30hrs – 16.30hrs.
- There is an appointments system “but not detailed”.
- Midwives’ couch available:
  “in conjunction with Consultant’s Clinic for women of low risk babies”.
- Continuity of care: Mother will see a member of the same team each visit. If a mother is attending the midwives “couch” then she will see the same midwife at each visit.
- 100% of patients opt for combined care.
- Refreshments available from cafeteria.
- Information leaflets available in the waiting area: Breastfeeding.
- 100% of mothers scanned “At booking – regardless of number of weeks and at any other stage thereafter when there is a problem”.
- Amniocentesis is not available.

ANTENATAL CLASSES
TIMES: Tues. 11.30am – 1pm
Tues, Wed, Thurs 7.30am – 9pm
CHARGE: £1.00 (voluntary)
AVERAGE CLASS SIZE: 15 couples

- Partners are encouraged to attend all 5 classes.
- Separate classes for very young mothers, first timers, travellers, refresher classes.
  “When women with special needs ring the Parentcraft department special arrangements will be made for them”.
- Usual topics covered plus – Caesarean births, Visualisation techniques, Postnatal class.
- Lipotomy position used “for instrumental and assisted breech deliveries”.

EPISIOTOMY RATE:
- Primips 30%
- Multips 2%

VENTOUS DELIVERY RATE: 14%
FORCPS DELIVERY RATE: 4%
VAGINAL BREECH DELIVERY: 1%
VAGINAL DELIVERY OF TWINS: 83%

LABOUR
- Accommodation: 6 single rooms, 1 three-bedded room, 1 four-bedded room.
- Birth companion’s (1 – 2) welcome at all times including during examinations.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife assigned to each mother.
- Walking encouraged.
- Mother may take “Tea, toast, low fat yoghurt”.
- Access to bath and/or shower.
- Epidural available
- Epidural rate: 31%
- Other Pain Relief: Psychoprophylaxis.
- Mobile epidural: Entonox, Pethidine, TENS and Warm water baths

- Induction rate: 21%
- Criteria for inducing labour: “>42 weeks, obstetric or medical complications”.
- Have labour accelerated: 24%
- 100% of women are monitored for “20 min” on admission then “40% (including 30% for epidural) are monitored electronically”.
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography
  - Foetal scalp blood sampling

DELISTED
- Mother delivers in the same room in which she was during labour.
- Birthing bed available.
- Partners/companion welcome to stay throughout all deliveries including Caesarean Section.
- The mother is free to choose her own position for delivery including giving birth on the floor.

CAESAREAN SECTION
- Caesarean Section rate: 23%
- Vaginal deliveries after previous Caesarean: “Trial of labour if deemed safe and appropriate”.
- Methods of anaesthesia used:
  - General anaesthetic – 10%
  - Spinal anaesthetic – 90%
- Additional skilled assistance for breast-feeding mothers “parentcraft midwife in attendance and all midwives in the area”.

SPECIAL CARE UNIT
- 18 special care cots.
- Full time Consultant Neonatologist.
- Parents have free access to the baby.
- “Siblings and grandparents to cot side”.
- Kangaroo care is practised.
- There is a room available for both parents to stay.
- Hot refreshments/microwave available 24 hours.
- Mother can feed the baby on demand.
- Breastfeeding mothers are given all of the usual facilities (see introduction) plus a quiet room for expressing and loan of pump for home use.
- If the mother of a breastfeeding baby is discharged before her baby “cup feeding encouraged in her absence. Mum could stay in parent’s room ‘till baby discharged’.
- Mother’s own milk, water, or formula
COUNTY LOUTH

("only with mums permission") used to supplement or compliment.
* Methods: Spoon, cup, syringe, tube, bottle or supplementer ("...if requested").
* Multiple births: "Same as singletons but more time given. Parent support group information".
* Information leaflets: "Special care booklet, Parent support book – INCU babies, Cot death, BCG information, Discharge advice".

25% of midwives and neonatal nurses have attended WHO/UNICEF Breastfeeding Programme. "more due to go in '93"

POSTNATAL PERIOD

* Mother may telephone hospital helpline at any time if she has queries.
* Emergency 24 hour service for mother and baby "indefinite".
* Mother and baby have their 6 week postnatal check-up with GP or in the hospital.
* Referral to Public Health Nurse: "Public Health Liaison form".
* Referral to GP: "Letter given to each GP".

SPECIAL NEEDS
UNUSUAL CIRCUMSTANCES

* Wheelchair accessible by some doors.
* Toilet facilities on every floor.
* Accessible parking.
* Patients with communication difficulties:
  - "International members on staff";
  - "sign language among staff".
* Hearing impaired: "assisted".
* Visually impaired: "assisted/protected".
* Special support for parents in case of stillbirth or miscarriage: "Social worker, Midwives trained in counselling bereaved parents" "Support from midwives. Support from social worker and follow-up. Miscarriage support group within the hospital".

DEVELOPMENTS AND SERVICES

* There is a named person in the hospital who is responsible for ensuring that the hospital is accessible to patients with disabilities.
* Family planning: "natural – literature on contraception available and promoted throughout the hospital".
* Tubal ligation is available.
* Pre conceptional services available.
* Referral for genetic counselling to "centres in Dublin: Temple Street, Crumlin, St. James.".
* Stress Incontinence programme: "under discussion at present".
* Smear test "not routine but mother can request same".
* "Home delivery could be facilitated".

LENGTH OF STAY:

<table>
<thead>
<tr>
<th></th>
<th>Primips – 4/5 days</th>
<th>Multips – 3/4 days</th>
<th>C.Sections – 6/7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.3% of mothers initiate breastfeeding</td>
<td></td>
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<tr>
<td>28.4% are breastfeeding going home</td>
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<tr>
<td>&quot;We don't encourage any mother to combine feed. We encourage them to breastfeed as much as possible&quot;</td>
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</tbody>
</table>

40% of postnatal midwives: 1 nursery nurse have attended WHO/UNICEF Breastfeeding Programme
Mayo General Hospital

General Information

No. of Maternity Beds:
- 24 public
- 4 semi-private
- 4 private
No. of Obstetricians: 2
No. of births in 1998: 1189
Multiple births (last 5 years):
- 50 sets twins
- 3 sets triplets

Antenatal Care

- Referral letter needed from GP.
- Clinic times:
  - Mon. & Wed. 2PM – 5PM in Hospital
  - Wed. 10AM – 12.30PM in Out-lying hospital
- There is an appointments system.
  ("individual booking time for first visits, block booking for reviews").
- Continuity of care: "Mother will see the Consultant at 1st visit. Reviews seen usually by Registrar, problem referred to Consultant. Management are currently looking into Midwives' Clinics."
- 99% of patients opt for combined care.
- Refreshments available from cafeteria and vending machine.
- Information leaflets available in the waiting area: "Various subjects pertaining to motherhood, Pregnancy and Breastfeeding.
- When the diagnosis of multiple birth has been made the mother receives specific encouragement and information on breastfeeding multiples and leaflets from the Irish Multiple Birth Association.
- Amniocentesis is not available for screening purposes.
- Breech presentation: "Each patient is assessed individually".

Labour

- Accommodation: 1 admission room.
- One 3-bedded area and 3 single delivery rooms.
- Birth companion (1) welcome at all times including during examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife assigned to each mother.
- Walking encouraged.
- Mother may take "light diet and, after pain relief administered, water only".
- Access to shower only.

Epidermal: available

Epidermal Rate: Primips 20% Multips 15%
Other Pain Relief: Entonox, Pethidine and TENs

Induction rate: 27.1%

Criteria for inducing labour: "maternal indications – mothers health, foetal indications (at risk)."

Have labour accelerated:
- Primips 6.8% Multips 4.9%
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography

Delivery

- Mother labours and delivers in the same room.
- Birthing bed available.
- Partner/companion welcome to stay throughout all deliveries including Caesarean Section (if elective).
- The mother is not free to choose her own position for delivery.
- Lithotomy position used for "forceps and vacuum deliveries sometimes and suturing".

Special Care Unit

- 16 special care cots.
- Full-time Consultant Neonatologist.
- Parents and grandparents can visit the baby.
- There is no room available for parents to stay.
- Refreshments available 24 hours from vending machine.
- Kangaroo care is not practised.
- Mother can feed the baby on demand: "depends on baby's condition".
- Breastfeeding mothers are given all the usual facilities (see introduction) and also a quiet room for expressing.
- If the mother of a breastfeeding baby is discharged before her baby there are special arrangements made to support her continuing to breastfeed.
- Mother's own milk or formula are used to supplement or compliment.

Methods: Tube and bottle.
- Multiple births: Each mother is assessed for her individual needs. Pump given to mother if she goes home before the babies. Support, encouragement and extra time given to help with breastfeeding.
COUNTY MAYO

SPECIAL NEEDS
UNUSUAL CIRCUMSTANCES
- Wheelchair accessible from all entrances.
- Accessible parking.
- Patients with communication difficulties
  - “Interpreter sometimes available.”
- Special support for parents in case of
  stillbirth or miscarriage: “Meeting
  individual needs.”

DEVELOPMENTS AND SERVICES
- Family planning: “Advice given in the
  hospital, but no family planning clinics
  available within the hospital”.
- Nursing Administration on duty 24 hours
  a day. They will deal with any necessary
  needs of patients with disabilities.
- Pre-conceptual services offered.
- Tubal ligation available in hospital.
- Referral for genetic counselling: To
  University College Hospital in Galway.
- Stress Incontinence Programme available
  in hospital.
- Mother may have a smear test at her
  postnatal check-up.
- Maternity section of hospital will be
  moving to a purpose built Maternity
  Unit in April 2000 or thereabouts.

POSTNATAL PERIOD
- Mother may telephone hospital at any
time if she has queries.
- Mother and baby have their 6 week
  postnatal check-up with their GP or at
  the hospital.
- Referral to Public Health Nurse: “Can be
  verbal and computer printouts”.
- Referral to GP: “Can be verbal and
  computer printouts”.

POSTNATAL WARD
- Vitamin K given to all babies.
- BCG given in the hospital “if requested”.
- No routine tests on babies except for
  heel prick test and hips checked by
  Consultant Paediatrician.
- Baby stays with mother all the time
  and sleeps in cot at mother’s bedside.
- Mother can breastfeed on demand at
  night.
- Breastfed babies sometimes supplemented
  by mother’s own milk or formula “only
  if medically indicated”.
- Access to food between evening meal
  and breakfast: “light snacks”.
- Microwave available on ward.
- Visiting: No visitors until 2pm. Visiting
  times 2pm – 4pm/7pm – 8.30pm.
  “Only patient’s children can visit”.
- No smoking allowed.

LENGTH OF STAY:
- Primips – 4-5 days
- Multips – 2-3 days
- C. Sections – 5/7 days

% of mothers initiate breastfeeding “not available”
28.5% are breastfeeding going home
MONAGHAN GENERAL HOSPITAL
Monaghan, Co Monaghan
Telephone: (047) 81811  Fax: (047) 84437

GENERAL INFORMATION

<table>
<thead>
<tr>
<th>NO. OF MATERNITY BEDS:</th>
<th>10 public</th>
<th>2 semi-private</th>
<th>1 private</th>
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<tbody>
<tr>
<td>NO. OF OBSTETRICIANS:</td>
<td>1</td>
<td></td>
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<tr>
<td>NO. OF BIRTHS IN 1998:</td>
<td>335</td>
<td></td>
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<tr>
<td>MULTIPLE BIRTHS (LAST 5 YEARS):</td>
<td>13 sets twins</td>
<td>1 set triplets</td>
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</table>

ANTENATAL CARE

- Referral letter needed from GP.
- Clinic times:
  - Booking clinic: Monday 9am – 1pm.
  - Follow-up: Tuesday 9.30am – 1pm.
- There is no appointments system.
- Continuity of care: Mother will see a member of the same team each visit.
- 80% of patients opt for combined care.
- Refreshments available from cafeteria or vending machine.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information, Fathers and Parenting.
- 100% of mothers scanned.
- Amniocentesis is available “in exceptional circumstances”.
- Breech presentation: “Patient is advised by obstetrician regarding position of baby and risks involved in vaginal delivery, so C-section is the usual outcome”.

100% of antenatal midwives have attended WHO/UNICEF Breastfeeding Programme

ANTENATAL CLASSES

- Times: evenings 7pm – 9pm
- Charge: none
- Average class size: 18

- Partners are encouraged to attend last of 6 classes.
- Usual topics covered in classes.

100% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

LABOUR

- Accommodation: 1 two-bedded room.
- Birth companion (1) welcome at all times including during examinations.
- Birth plans facilitated.

- Where a parent has a disability or language difficulty “we would allow the primary person who can communicate best with them into the labour ward”.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife assigned to each mother.
- Walking encouraged.
- Mother may take “iced water”.
- Access to bath and/or shower.
- Epidural: % not given
- Other Pain Relief: Paracetamol, Pethidine and TENS

- Foetal monitoring done for “induction of labour with syntocinon and if epidural is performed”.
- Induction rate: “I can’t give exact figures”.
- Criteria for inducing labour: “Dr/Patient discussion”.
- Have labour accelerated: “I can’t give exact figures”.
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography

DELIVERY

- Mother delivers in the same room in which she was during labour.
- Birthing bed not available.
- Partner/companion welcome to stay throughout all deliveries including Caesarean Section “unless it is an emergency”.
- The mother is not free to choose her own position for delivery.
- Lithotomy position used “for instrumental deliveries”.

EPISiotomy Rate:
- Primips 80%
- Multips 40%

VentoUS DELIVERY RATE:
- Primips 60%
- Multips 40%

FORCEPS DELIVERY RATE:
- Primips 10%
- Multips 16%

Vaginal Breech Delivery: 0%

Vaginal Delivery of Twins:
- Primips 100%
- Multips 60%

- Cord cut by “person delivering” “after pulsation, or if it is around the neck it is clamped and cut immediately”.
- “Syntometrine is given and controlled cord fraction is applied” routinely.
- Natural third stage management is not permitted on request.

100% delivery room midwives have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION

- Caesarean Section rate: 18%
- Methods of anaesthesia used:
  - General anaesthetic – 5% Spinal anaesthetic – 95%.
- Additional skilled assistance for mothers who wish to breastfeed: “all midwives are able to help mothers following C-section to breastfeed utilising different positions”.
- Vaginal deliveries after previous Caesarean: “This is based on an individual consultation between Obstetrician and patient. If agreed a trial of labour would be allowed”.

SPECIAL CARE UNIT

- No special care in Monaghan.
  “Babies are transferred to Cavan or Our Lady of Lourdes, Drogheda”.

100% of neonatal midwives have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL WARD

- Vitamin K given to all babies.
- BCG given in the hospital.
- No routine tests done on babies except heel prick test.
- Baby stays with mother all the time “if she wishes”. Baby sleeps in nursery at night.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother’s own milk, water or formula.
- Access to food between evening meal and breakfast: “Midwife will order a snack from the kitchen”.
- Microwave available on ward.
COUNTY MONAGHAN

- **Visiting:** Open visiting. Children can visit.
- **No smoking allowed.**

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<thead>
<tr>
<th>LENGTH OF STAY:</th>
<th>Primips – 5 days</th>
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<tr>
<td></td>
<td>Multips – 3/5 days</td>
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<tr>
<td></td>
<td>C.Sections – 6 days</td>
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</tbody>
</table>

40% of mothers initiate breastfeeding

40% are breastfeeding going home

100% of postnatal midwives have attended
WHO/UNICEF Breastfeeding Programme

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**POSTNATAL PERIOD**

- Mother may telephone hospital at any time if she has queries.
- Emergency 24 hour service for mother and baby for "as long as required".
- Mother has her postnatal check-up with the hospital or with her GP.
- Baby has its 6 week check-up with GP.
- Referral to Public Health Nurse: “Letter from ward via liaison nurse”.
- Referral to GP: “Letter from doctor”.

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**SPECIAL NEEDS**

**UNUSUAL CIRCUMSTANCES**

- Wheelchair accessible excluding toilet facilities on all floors.
- Accessible parking.
- Patients with communication difficulties: No procedures in place.
- Special support for parents in case of stillbirth or miscarriage: “Information booklets, Information re: support groups, doctors and midwives”.

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**DEVELOPMENTS AND SERVICES**

- Family planning available. No details given.
- Tubal ligation is available in the hospital.
- Referral for genetic counselling available. No details given.
**GENERAL INFORMATION**

- No. of maternity beds: 18 public, 8 semi-private, 4 private
- No. of births in 1998: 1305
- Multiple births (last 5 years): 75 sets twins, 1 set triplets

**ANTENATAL CARE**

- Referral letter needed from GP.
- Clinic times:
  - Sligo General – 9.30AM Mon./Thurs.
  - Manorhamilton – 11AM Wed.
  - Ballyshannon – 2PM Thurs.
  - Carrick-on-Shannon – 10AM, 3 Thursdays a month.
- There is an appointments system.
- Play area for older children (“unsupervised”).
- Midwives’ clinic “due to commence mid 1999.”
- Almost 100% of patients opt for combined care.
- Continuity of care: Mother will see the same midwife and a member of the same team each visit. “Two members of ward midwifery staff attend each clinic. Midwife attends peripheral clinics. Two permanent midwives on outpatient staff attend clinic.”
- Refreshments available from cafeteria and vending machine.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information, Multiple births, Fathers and Parenting.
- Approx. 80% of mothers scanned.
- Amniocentesis is not available.
- When the diagnosis of multiple birth has been made the mother receives specific encouragement and information on breastfeeding multiples, leaflets from Irish Multiple Birth Association and video shown.
- Care of breech presentation: no answer given.

**ANTENATAL CLASSES**

- Partners are encouraged to attend all 6 classes “special couples” class if cannot attend regular classes.
- Separate classes for first timers and refresher classes.
- Usual topics covered plus – Tour of labour ward, Postnatal ward, Postnatal issues e.g. At home with baby and Postnatal depression.

**DELIVERY**

- Mother delivers in the same single room in which she was during labour.
- Partner/companion welcome to stay throughout normal delivery only.
- The mother is free to choose her own position for delivery including giving birth on the floor.
- Lithotomy position used for “Difficult delivery e.g. shoulder dystocia (difficulty in delivering the baby’s shoulders), Forceps delivery and vacuum delivery.”

**LABOUR**

- Accommodation: 1 two-bedded first stage room, 3 single rooms.
- Birth companion (1) welcome at all times including during examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife assigned to each mother “Very occasionally shared with another mother”.
- Walking encouraged.
- Mother may take “very light diet in early labour, iced water in established labour”.
- Access to bath and/or shower.

**CAESAREAN SECTION**

- Caesarean Section rate: 15.9%.
- Vaginal deliveries after previous Caesarean : “Elective CS following two previous Caesarean Sections”.
- Additional skilled assistance for breastfeeding mothers: “Extra support from staff “two lactation consultants”.

**SPECIAL CARE UNIT**

- 4 special care cots, 4 intensive care incubators and 2 open tables (NICU).
- No full time Consultant Neonatologist.
- Parents and other family members have free access to the baby.
- Kangaroo care is not practised.
- There is a room available for parents to stay.
- Hot refreshments/microwave available 24 hours.
COUNTY SLIGO

• Mother can feed the baby on demand ("depending on condition of infant").
• Breastfeeding mothers are given all of usual facilities (see introduction) plus loan of pump for home use.
• If the mother of a breastfeeding baby is discharged before her baby special arrangements are made to support her continuing to breastfeed: "storage facilities, loan of pump, information".
• Mother's own milk or formula used to supplement or compliment.
• Methods: Cup, tube and bottle.
• Multiple births: "video, extra staff support".
• Information leaflets: "New-born babies in special care, Special care babies".

90% of neonatal nurses have attended
WHO/UNICEF Breastfeeding Programme

POSTNATAL PERIOD

• Mother may telephone hospital at any time if she has queries.
• Emergency 24 hour service for mother and baby.
• Mother has her postnatal check-up with the hospital "if indicated e.g. Caesarean Section" or with her GP.
• Baby can attend Well Baby Clinic at 4 weeks and have its 6 week check-up with GP.
• Referral to Public Health Nurse: "Full written report of delivery and infant details", "Liaison PHN attached to hospital!".
• Referral to GP: "Letter with full details of delivery and infant details".

SPECIAL NEEDS
UNUSUAL CIRCUMSTANCES

• Wheelchair accessible from some doors and toilet facilities on all floors.
• Accessible parking.
• Patients with communication difficulties — "interpreter" "free access to support person/persons" "extra support from nursing staff".
• Special support for parents in case of stillbirth or miscarriage: "allocated to a two-bedded ward — support by minimum number of staff to give continuity of care. Partner can stay. Literature and follow up. All wishes accommodated."

DEVELOPMENTS AND SERVICES

• There is a named person in the hospital responsible for ensuring that the hospital is accessible to patients with disabilities.
• Midwives' Clinic "due to commence mid 1999".
• Family planning: "by midwife — initial general information and literature. Referral to GP".
• Tubal ligation available "following discussion between mother and doctor".
• Referral for genetic counselling is available — no details given.
• Stress Incontinence Programme with physiotherapist.
St. Joseph's Hospital  
Clonmel, Co. Tipperary  
Telephone: (052) 77000  
Fax: (052) 23975

GENERAL INFORMATION

NO. OF MATERNITY BEDS:  
30 public 6 semi-private 4 private

NO. OF OBSTETRICIANS: 2

NO. OF BIRTHS IN 1989: 941

MULTIPLE BIRTHS (LAST 5 YEARS):  
51 sets twins 2 sets triplets

ANTENATAL CARE

- Referral letter needed from GP.
- Clinic times:
  - Public: Mon. and Thurs. 2PM
  - Private: Not given.
- There is no appointments system.
- Continuity of care: Mother will see a member of the same team at each visit.
- 100% of public patients opt for combined care.
- Refreshments available in cafeteria.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information, Fathers and Parenting.
- 100% of mothers scanned “at least once”.
- Amniocentesis is available “only occasionally in Rhesus incompatibility”.

% of antenatal staff have attended WHO/UNICEF Breastfeeding Programme: Not answered

ANTENATAL CLASSES

TIMES: 6.10am
CHARGE: none
AVERAGE CLASS SIZE: 12+ mothers & their partners

“IN this hospital mothers attend private antenatal classes in Clonmel x 2 and Thurles. No numbers available re. same at present”.
- Birth plans are not encouraged.
- Partners are encouraged to attend all 5 classes.
- Usual topics covered in classes except contraception.

100% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

LABOUR

- Accommodation: 1 four-bedded first stage room, 3 single delivery rooms.
- Birth companion (1) welcome at all times including during examinations “if patient requests same”.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- Routine ARM “in established labour”.
- No shave.
- No enema.
- Walking encouraged.
- Midwife assigned to each mother “where possible”.
- Access to bath and shower.
- Mother may take “light diet in early labour. Fluids encouraged”.

EPIDURAL: Available  
EPIDURAL RATE: 15.5%

OTHER PAIN RELIEF: Psychopharmacetics, Entonox, Pethidine, TENS, Acupuncturists (“if organised by patient”) and Warm water baths

- Induction rate: 23%
- Criteria for inducing labour “decision on induction taken by consultant on duty. Liquor volume analysis available”.
- Have labour accelerated: “figures not available”.
- Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography
  - Foetal pulse oximetry
- % mothers electronically monitored “Figures not available”.

DELIVERY

- “Mum labours in first stage room and delivers in single delivery room”.
- Birthing bed not available.
- Partner/companion welcome to stay throughout all deliveries except Caesarean Section.
- The mother is free to choose her own position for delivery including giving birth on the floor, “% of patients who choose to give birth on the floor at present is nil. Position of delivery may have to be changed pending type of delivery e.g. instrumental deliveries”.
- “This is not feasible at present due to the layout of the labour ward”.
- Lithotomy position used for instrumental deliveries, Breech deliveries, Shoulder dystocia (difficulty in delivering the baby's shoulders), suturing of perineum”.

EPISIOTOXY RATE: 6.2%

VENTOUSE DELIVERY RATE: 8.2%

FORCEPS DELIVERY RATE: 5.3%

VAGINAL BREECH DELIVERY: 0.5%

VAGINAL DELIVERY OF TWINS: 1.2%

- Cord cut by midwife, partner or patient “immediately following delivery” “full participation” of father “encouraged”.
- “Ergometrine I.M. at anterior shoulder” given routinely but natural third stage management is permitted on request “if uterine bleeding is not a problem”.
- Baby stays with mother in labour ward “until mum is transferred to postnatal ward and baby admitted to nursery”.

48% delivery room midwives have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION

- Caesarean Section rate: 19.7%
- Vaginal deliveries after previous Caesarean: “Decision taken by consultant obstetricians”.
- Additional skilled assistance for breast-feeding mothers: “Some skilled assistance is available to mothers who have had Caesarean Sections or normal vaginal deliveries. Rooming-in encouraged but babies may be cared for in nursery when mum requests”.

SPECIAL CARE UNIT

(“combined with postnatal nursery since 1st Oct. 98”)

- 3 incubators, 20 postnatal cots.
- Full time Consultant Neonatologist since October 1998.
- Parents and other family members have free access to the baby.
- Kangaroo care is practised.
- There is no room available for parents to stay.
- Mother can feed the baby on demand.
- Breastfeeding Mothers given all the usual facilities (see introduction).
- If the mother of a breastfeeding baby is
COUNTY TIPPERARY

POSTNATAL WARD

- Vitamin K given to all babies by injection.
- BCG not given in the hospital ("is due to be introduced in near future").
- No routine tests on babies except heel prick test.
- Baby stays with mother at all times.
- Babies sleep in nursery at night "but rooming-in is encouraged".
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother’s own milk or formula.
- Access to food between evening meal and breakfast: “Patients are offered Tea and Sandwiches @ 8.30am”.
- Microwave available on ward.
- Visiting: “Suggested visiting times: 14.00hrs – 16.00hrs/18.30hrs – 20.30hrs”. Children can visit.
- No smoking allowed except in designated smoking room on 1st floor.

LENGTH OF STAY

<table>
<thead>
<tr>
<th>Primips</th>
<th>5 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multips</td>
<td>4 days</td>
</tr>
<tr>
<td>C.Ssections</td>
<td>7 days</td>
</tr>
</tbody>
</table>

26% of mothers initiate breastfeeding
22% are breastfeeding going home

POSTNATAL PERIOD

- Mother may telephone hospital if she has queries.
- Mother and baby have their postnatal check-up with GP.
- Re: Discussing Hospital experience: “Maternity ward sister or Matron are available for any queries”.
- Referral to Public Health Nurse: “3hr Notification of birth...”.
- Referral to GP: “Letter or telephone contact if necessary”.

SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

- Access ramps at outpatient’s entrance; no toilet facilities.
- Accessible parking.
- Patients with communication difficulties – “We request personnel qualified to help hospital staff”.
- Special support for parents in case of stillbirth or miscarriage: “Bereavement room exclusively furnished and available with undivided attention from Ward Sister or person in charge.
  (1) Checklist.
  (2) GP and PHN contacted directly.
  (3) A little lifetime’ booklet given with folder and personal effects and momento enclosed. “Miscarriage Booklet available nationwide – Booklet originated in this hospital.”

DEVELOPMENTS AND SERVICES

- Family planning: “Advice only given on discharge and by consultant at P/Natal check-ups”.
- Tubal ligation available.
- Alternative options for birth: “open to discussion with individual mothers”.
- Referral for genetic counselling to University College Hospital, Galway.
- Pre-conceptual services: “Infertility Clinic, Endocrinology Clinic”.

19 midwives and 3 neonatal nurse/midwives have attended WHO/UNICEF Breastfeeding Programme

50% of postnatal midwives have attended WHO/UNICEF Breastfeeding Programme
GENERAL INFORMATION

- No of Maternity Beds:
  - 30 public
  - 4 semi private
  - 10 private
- No of Obstetricians: 3 (1 temp. post)
- No of Births in 1998: 1702
- Multiple Births (last 5 years):
  - 95 sets twins
  - 3 sets triplets

ANTENATAL CLASSES

- Times:
  - Mon. 10am – 12pm / Tues. 9am – 6.30pm
  - Wed. 9.30am – 4.30pm
  - Refresher class: Mon. 9.30am – 9pm
  - Charge: none
- Average class size: 16 – 18

- Partners are encouraged to attend 1 class of 6, “which relates to admission and labour...”.
- Birth plans are not encouraged. “If patients wish to draw up a list of requests or a loose plan we welcome that. Very detailed plans can be devastating for women if they don’t follow A, B, C, and D. This would be the case for women having their first baby. We don’t discourage such lengthy birth plans but we don’t encourage it”.
- Usual topics covered in classes.
- Separate “refresher” classes.
- Separate classes for first-timers.

- 50% of those giving classes have attended WHO/UNICEF Breastfeeding Programme.
- Remaining 50% actively involved in drawing up and review of hospital policy on BF.

ANTENATAL CARE

- Referral letter needed from GP but “if urgent or anxious we will see her without referral letter”.
- Booking clinic: 9.30am – 12.30pm Mon, Wed.
- Clinic times: 9.30am – 12.30pm Fri.
- 2pm – 4.30pm Mon.
- There is an appointments system.
- Play area for other children.
- Midwives’ Clinic: “under review at the moment with the intention of setting up Midwives’ Clinic. Patient demand is low”.
- Continuity of care: Midwife will “see a midwife and doctor at each clinic – not always same team member”.
- 90% of public patients opt for combined care.
- Cafeteria available.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information, and Multiple Births.
- 100% of mothers scanned “each mother offered U/S exam”.
- Amniocentesis not available.
- First time mothers with breech presentations have an elective Caesarean Section at 38 weeks.
- “...different policy for Primagravida/ Multigravida”.
- When the diagnosis of multiple birth has been made the mother receives specific encouragement and information on breastfeeding multiples and “twin video available”.

- 30% of antenatal staff have attended WHO/UNICEF Breastfeeding Programme. “programme is on-going”.

DELIVERY

- Mother moves from 1st stage room to single room to deliver.
- Birthing bed available.
- Partner/Companion welcome to stay for normal delivery only.

- EpiSiotomy rate:
  - Primips 71%
  - Multips 38%

- Forceps delivery rate:
  - Primips 19
  - Multips 6

- Ventouse delivery rate:
  - Primips 59
  - Multips 8

- Vaginal breech delivery:
  - Primips 2
  - Multips 3

- Vaginal delivery of twins:
  - Primips 10
  - Multips 7

- (Actual no. of deliveries 1998)

- The mother is free to choose her own position for delivery, but she may not choose to give birth on the floor.
- Lithotomy position used “for instrumental deliveries, sometimes for perineal suturing”.
- Cord cut by midwife “when pulsation ceases”.
- 3rd stage of labour: “Controlled Cord Traction when placenta separated” but natural third stage management is permitted on request.

- 60% of delivery room midwives have attended WHO/UNICEF Breastfeeding Programme.

LABOUR

- Accommodation: 1 single admission room, 1 three-bedded first stage room, 4 single rooms.
- Birth companion (1) welcome at all times except during examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely.
- Shave – occasionally.
- Enema – if necessary.
- No routine ARN.
- Midwife assigned to each mother.
- Walking encouraged.
- Access to shower.
- Mother may take “Waril, tear/soak”.

- Epidural available
- Epidural rate: Primips 47%
- Multips 13%
- Other pain relief: Entonox, Pethidine, TENS and Warm water showers

- Induction rate:
  - Primips 16%
  - Multips 16%
- Criteria for inducing labour: “Medical decision, prolonged pregnancy (10 – 14 days), liquor volume analysis available”.

CAESAREAN SECTION

- Caesarean Section Rate: 21.3%
- Vaginal deliveries after previous Caesarean: “Trial of labour where original reason for C/S was non repetitive”.
- Additional skilled assistance for breastfeeding mothers “skilled midwife”.

- Introduction rate:
  - Primips 16%
  - Multips 16%
SPECIAL CARE UNIT

- 10 – 15 special care cots.
- Full time Consultant Neonatoogist.
- Parents, grandparents and siblings have open visiting with the baby.
- Kangaroo care is practised.
- There is no room available for parents to stay.
- Mother can feed the baby on demand.
- Breastfeeding mothers are given all the usual facilities (see introduction) plus a quiet room for expressing.
- If the mother of a breastfeeding baby is discharged before her baby: “day room available with sofa bed. Expessed Breastmilk delivered by ambulance from other areas.”
- Mother’s own milk or formula used to supplement or compliment.
- Methods: Cup or supplementer.
- Information leaflets: “Booklets on special care and breastfeeding”.

- 40% of neonatal nurses have attended WHO/UNICEF Breastfeeding Programme

COUNTY WATERFORD

POSTNATAL PERIOD

- Mother may telephone hospital at any time if she has queries. “as long as necessary” “given our no. on discharge”
- Emergency 24 hour service for mother and baby for “as long as necessary”.
- Drop-in Breastfeeding clinic “1st Monday each month” “as long as necessary”.
- Mothers’ drop-in postnatal clinic and baby clinic available for 6 weeks after delivery “Tues. and Fri. Outpatients”.
- Mother and baby can have their 6 week check up with GP or in the hospital.
- Referral to Public Health Nurse: not answered.
- Referral to GP: “SHO Obstetrics writes discharge letters to all GP’s”.

POSTNATAL WARD

- Vitamin K given to all babies by injection.
- BCG given in the hospital.
- No routine tests on babies except heel prick test.
- Baby stays with mother all the time and can sleep in cot at mother’s bedside.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother’s own milk.
- Access to food between evening meal and breakfast: “Official tea round between 8 – 9 served with biscuits/ sandwiches”.
- Microwave available on ward.
- Visiting: “Open visiting. In maternity restricted visiting during the morning 8 – 2”. Children allowed to visit.
- No smoking allowed.

LENGTH OF STAY: Primips – 5 days
- Multips – 4 days
- C.Sections – 6 days

- 35% of mothers initiate breastfeeding
- 34% are breastfeeding going home

SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

- Wheelchair accessible, including toilet facilities on every ward.
- Accessible parking.
- Patients with communication difficulties – “Patients’ Services Officer”.
- Special support for parents in case of stillbirth or miscarriage: “SANDS group functional in hospital”.

DEVELOPMENTS AND SERVICES

- There is a named person in the hospital who is responsible for ensuring that the hospital is accessible to patients with disabilities.
- Family planning: No details given.
- Referral for genetic counselling: to “National Maternity Hospital, Dublin (Foetal Assessment Unit)”.
- The hospital has a Patients’ Services Officer.
- Stress Incontinence Programme in hospital.
- Tubal ligation not available.
- Preconceptual services offered – details not specified.
- Mother may have a smear test at her postnatal check-up.
Longford/Westmeath General Hospital
Mullingar, Co Westmeath
Telephone: (044) 40221  Fax: (044) 43155

GENERAL INFORMATION
NO. OF MATERNITY BEDS:
20 public 2 semi-private 4 private
NO. OF OBSTETRICIANS: 2
NO. OF BIRTHS IN 1998: 1135
MULTIPLE BIRTHS (LAST 5 YEARS):
84 sets twins 0 sets triplets

ANTENATAL CARE
* Referral letter needed from GP.
* Clinic times:
  2pm – 5pm Mon./Thurs. (Mullingar)
  2pm – 5pm Wed. (Tullamore/ Athlone)
  9.30am – 1pm Tues./Wed. (Longford)
* There is an appointments system.
* Continuity of care: Midwife will see the same Consultant and/or a member of the same team at each visit.
* 100% of patients opt for combined care.
* Refreshments available in cafeteria.
* Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information, Multiple Births, Fathers and Parenting.
* 100% of mothers scanned.
* Amniocentesis is not available.
* Care plan for breech presentation: "Management of breech presentation is at the discretion of the obstetrician in charge".
* When the diagnosis of multiple birth has been made the mother receives leaflets from the Irish Multiple Birth Association.

80% of antenatal staff have attended WHO/UNICEF Breastfeeding Programme

ANTENATAL CLASSES
TIMES: 2pm – 4pm (Mullingar)
Evenings (Athlone and Longford)
CHARGE: none
AVERAGE CLASS SIZE: Approx. 15

* Partners are encouraged to attend all 5 classes.
* Birth plans are not encouraged.
* Usual topics covered in classes except birth plans and contraception.

80% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

LABOUR
* Accommodation: 4 single rooms, 1 two-bedded room.
* Birth companion (1) welcome at all times including during examinations.
* Birth plans facilitated.
* Foetal monitoring done routinely on admission.
* No shave.
* No enema.
* No routine ARM.
* Midwife assigned to each mother.
* Walking encouraged.
* Mother may take ‘water only’.
* Access to bath and/or shower.

EPIDURAL: available
EPIDURAL RATE: Primips 6% Multips 3%
OTHER PAIN RELIEF: Entonox, Pethidine and Warm water baths

* Induction rate:
  Primips 10% Multips 8%
* Criteria for inducing labour: “Discretion of the obstetrician.”
* Have labour accelerated:
  Primips 3% Multips 15%
* Forms of foetal monitoring available:
  - Pinard stethoscope
  - Sonicaid
  - Cardiotocography
  - “Foetal scalp electrode”

DELIVERY
* Mother delivers in the same room in which she was during labour.
* Birthing bed available.
* Partner/companion welcome to stay throughout all deliveries.
  Caesarean Section.
  - The mother is not free to choose her own position for delivery.
  - Lithotomy position used for “forces/vacuum/suturing”.

EPISIOMITY RATE:
Primips 26% Multips 12%

VENTOUSE DELIVERY RATE:
Primips 4% Multips 2%

FORCEPS DELIVERY RATE:
Primips 1%

VAGINAL BREECH DELIVERY:
Multips 1%

VAGINAL DELIVERY OF TWINS:
Primips 4% Multips 8%

* Cord cut by “The midwife/doctor conducting the delivery” “after baby is delivered”.
* Father can participate “if very keen to do so”.
* “…active management 3rd stage” practised routinely but natural third stage management is permitted at “discretion of obstetrician”.

80% delivery room midwives have attended WHO/UNICEF Breastfeeding Programme

CAESAREAN SECTION
* Caesarean Section rate: 15%
* No hospital policy on vaginal deliveries after previous C. Sections.
* Methods of anaesthesia used: General anaesthetic – 95%, Spinal anaesthetic – 5%.

SPECIAL CARE UNIT
* 4 special care cots.
* Full time Consultant Neonatologist.
* Parents have free access to the baby.
* Kangaroo care is not practised.
* There is a room available for parents to stay.
* Hot refreshments/microwave available 24 hours.
* Mother can feed the baby on demand.
* Breastfeeding mothers are given all of the usual facilities (see introduction).
  - A quiet room for expressing and the loan of a pump for home use.
  - If the mother of a breastfeeding baby is discharged before her baby special arrangements are made to support her continuing to breastfeed.
  - Mother’s own milk, water, glucose or formula used to supplement or compliment.
* Methods: Spoon, cup, syringe, supplementer, tube and bottle.
* Multiple births: “Longer stay in hospital approx. a week.”
* Information leaflets: “Special booklet given to parents”.

80% of neonatal midwives have attended WHO/UNICEF Breastfeeding Programme
COUNTY WESTMEATH

POSTNATAL WARD

- Vitamin K given to all babies.
- BCG given in the hospital.
- No routine tests on babies except heel prick test.
- Baby stays with mother all the time and can sleep in cot at mother’s bedside or in nursery.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supplemented by mother’s own milk.
- Access to food between evening meal and breakfast: “sandwiches/tea”.
- Microwave available on ward.
- Visiting: Open visiting – rest period 1pm – 3pm. Children can visit.
- Smoking allowed in “smoking room provided”.

LENGTH OF STAY:
- Primips – 5 days
- Multips – 4 days
- C.Sects – 7 days

20% of mothers initiate breastfeeding
20% are breastfeeding going home

80% of postnatal midwives have attended WHO/UNICEF Breastfeeding Programme

POSTNATAL PERIOD

- Mother may telephone hospital if she has queries for up to 6 weeks.
- Emergency 24 hour service for mother and baby for up to 6 weeks.
- Mother can have her postnatal check-up at the hospital or with her GP.
- Baby has its 6 week check-up with GP.
- Referral to Public Health Nurse: “Notification of birth within 36hrs”.
- Referral to GP: “Discharge letter”.

SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

- Wheelchair accessible including toilet facilities in some departments.
- Accessible parking.
- Patients with communication difficulties – “multiple lingual staff working throughout hosp.” “sign language ‘signs chart’ in labour ward” “All assistance given” to visually impaired.
- Special support for parents in case of stillbirth or miscarriage: “Seen by counsellor during their stay in hospital”.

DEVELOPMENTS AND SERVICES

- Family planning: “Informed of facilities that are available for family planning on postnatal wards prior to discharge”.
- There is a named person responsible for ensuring that the hospital is accessible to patients with disabilities.
- Tubal ligation is available in hospital.
- Stress Incontinence Programme available in the hospital.
- Smear test at postnatal check-up.
- Pre-conceptual services are offered “seen by Consultant Obstetrician in the clinic”.
- “At the moment there is one midwife studying for Lactation Consultant Exam.”.
- Referral for genetic counselling: “The consultant involved decides to refer patient to the specialist centre mostly in Dublin”.
Wexford General Hospital
Wexford Town, Wexford
Telephone: (053) 42233  Fax: (053) 41910

**GENERAL INFORMATION**

- **NO. OF MATERNITY BEDS:**
  - 18 public
  - 0 semi-private
  - 5 private
- **NO. OF OBSTETRICIANS:** 2
- **NO. OF BIRTHS IN 1998:** 1403
- **MULTIPLE BIRTHS (LAST 3 YEARS):**
  - 45 sets twins
  - 2 sets triplets

**ANTENATAL CARE**

- No referral letter needed from GP.
- Clinic times: 9am – 11am/2pm – 5pm.
- There is an appointments system.
- Continuty of care: Mother will see a member of the same team each visit.
- 100% of patients opt for combined care.
- Refreshments available from vending machine.
- Information leaflets available in the waiting area: Pregnancy, Breastfeeding, Health Promotion, General Hospital Information, Multiple Births and Parenting.
- 100% of mothers scanned.
- Amniocentesis is not available.
- When the diagnosis of multiple birth has been made the mother receives leaflets from Irish Multiple Birth Association.

50% of antenatal midwives have attended WHO/UNICEF Breastfeeding Programme

**ANTENATAL CLASSES**

- **TIMES:**
  - 1 morning class/6 evening classes per course
- **CHARGE:** none
- **AVERAGE CLASS SIZE:** 20 +

- Partners are encouraged to attend all classes “except 1st, space problem”.
- Usual topics covered in classes except for contraception.

50% of those giving classes have attended WHO/UNICEF Breastfeeding Programme

**LABOUR**

- Accommodation: 1 single admission room, 3-bedded first-stage room, two-bedded delivery room.
- Birth companion (1) welcome at all times including during examinations.
- Birth plans facilitated.
- Foetal monitoring done routinely on admission.
- No shave.
- No enema.
- No routine ARM.
- Midwife shared with another mother.
- Walking encouraged.
- Access to bath.
- Mother may have “Tea and toast, Water”.

**CAESAREAN SECTION**

- Caesarean Section rate: 22%
- Vaginal deliveries after previous Caesarean: “Short trial of labour given”.
- Methods of anaesthesia used: Combined epidural/spinal 100%.
- No additional skilled assistance for breastfeeding mothers.

**SPECIAL CARE UNIT**

- 5 special care cots.
- 2 Consultant Paediatricians.
- Parents, grandparents and siblings have free access to the baby.
- There is no room available for parents to stay.
- Hot refreshments/microwave available 24 hours.
- Kangaroo care not practised.
- Mother can feed the baby on demand.
- If the mother of a breastfeeding baby is discharged before her baby special arrangements are made to support her continuing to breastfeed: “advised to express and visit and feed as often as possible”.
- Formula used to supplement or compliment.
- Methods: Cup, tube and bottle.
- Special support for Multiple births: “None really we contact companies and look for support”.
- Information leaflets: “Special care booklet and, if abnormalities, we have booklets”.

80% of neonatal nurses have attended WHO/UNICEF Breastfeeding Programme

**DELIVERY**

- Mother delivers in a different room than that in which she laboured (see above).
- Birthing bed available
- Partner/companion welcome to stay throughout all deliveries except Caesarean Section.
- The mother is free to choose her own position for delivery including giving birth on the floor subject to “staff preference”.
- Lithotomy position used for “ventouse/orceps”.

**EPISiotOMY RATE:**

- NOT ANSWERED.

**VENTOUSE DELIVERY RATE:**

- 10%.

**FORCEPS DELIVERY RATE:**

- 2%.

**VAGINAL BREECH DELIVERY:**

- 0%.

**VAGINAL DELIVERY OF TWINS:**

- 0%.

- Cord cut by midwife or partner “immediately after delivery if not physiological 3rd stage or when cord stops pulsating if physiological 3rd stage”.
- Active or Physiological management of third stage “as client prefers and condition dictates”.

50% of delivery room staff have attended WHO/UNICEF Breastfeeding Programme

**POSTNATAL WARD**

- Vitamin K given to all babies by injection “following explanation and parental consent”.
- BCG given in the hospital.
- No routine tests on babies except heel prick test.
- Baby stays with mother all the time and can sleep in cot at mother’s bedside or in nursery.
- Mother can breastfeed on demand at night.
- Breastfed babies sometimes supple-
COUNTY WEXFORD

POSTNATAL PERIOD

- Mother has her postnatal check-up:
  "Woman who has had LSCS has postnatal check-up at the hospital. 
  Other women have their P/N check at GP, unless otherwise indicated by 
  consultant on discharge." (LSCS – Lower Section Caesarean Section).
- Baby has its 6 week check-up with GP.
- Referral to Public Health Nurse:
  "Notification".
- Referral to GP: "Letter from House Officer", "if necessary telephone call 
  or written notification".

SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

- Wheelchair accessible including toilet 
  facilities on all floors.
- Accessible parking.
- Patients with communication difficulties
  - "French/German/Others" "Staff with expertise in sign language".
- Special support for parents in case of 
  stillbirth or miscarriage: "ISARDS"

DEVELOPMENTS AND SERVICES

- Family planning: "advice given prior to 
  discharge by midwifery staff".
- Tubal ligation available in the hospital 
  "following consultation with 
  consultants".

- Referral for genetic counselling: "At 
  present our patients are referred to 
  Belfast but I understand that a new 
  service has recently commenced at Our 
  Lady’s Hospital for Sick Children in 
  Dublin".

No Stress Incontinence Programme in 
the hospital.

LENGTH OF STAY

<table>
<thead>
<tr>
<th></th>
<th>Primips – 4 days</th>
<th>Multiples – 2.3 or 4 days</th>
<th>C. Sections – 5 days</th>
</tr>
</thead>
</table>

34% of mothers initiate breastfeeding

31.2% are breastfeeding going home

50% of postnatal midwives 50% of neonatal 
nurses have attended WHO/UNICEF 
Breastfeeding Programme

30% of women give birth at home.
<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>BIRTHS</th>
<th>CAESAREAN SECTION</th>
<th>FORCEPS</th>
<th>VENTOUSE</th>
<th>EPISIOTOMY</th>
<th>B/FEEDING INITIATION</th>
<th>B/FEEDING GOING HOME</th>
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<tr>
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<td>841</td>
<td>24%</td>
<td>2.37%</td>
<td>9.4%</td>
<td>P- 50%M- 7.5%</td>
<td>30%</td>
<td>28%</td>
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<td>BON SECOURS</td>
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<td>23.1%</td>
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<td>18.1%</td>
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<td>32 - 35%</td>
<td>28%</td>
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<td>ST. FINBARR'S</td>
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<td>18.6%</td>
<td>N/G</td>
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<td>LETTERKENNY</td>
<td>1589</td>
<td>14%</td>
<td>P- 13.3%M- 10.4%</td>
<td>P- 3%M- 2.1%</td>
<td>P- 13.3%M- 10.4%</td>
<td>31%</td>
<td>28%</td>
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<td>P- 5.5%M- 2.5%</td>
<td>P- 41%M- 10%</td>
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<td>7.7%</td>
<td>5.6%</td>
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<td>P- 7%M- 1%</td>
<td>P- 11%M- 2%</td>
<td>P- 52%M- 12%</td>
<td>56.5%</td>
<td>54%</td>
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<td>10.3%</td>
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<td>5%</td>
<td>13%</td>
<td>P- 50%M- 15%</td>
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<td>P- 2%M- 1%</td>
<td>P- 18%M- 4%</td>
<td>30% - 35%</td>
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<td>23%</td>
<td>4%</td>
<td>14%</td>
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<td>&quot;Seldom&quot;</td>
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<td>P- 4.05%M- 0.47%</td>
<td>P- 71%M- 38%</td>
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<td>15%</td>
<td>P- 1%M- N/G</td>
<td>P- 4%M- 2%</td>
<td>P- 26%M- 12%</td>
<td>20%</td>
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<td>WEXFORD</td>
<td>1403</td>
<td>21%</td>
<td>2%</td>
<td>10%</td>
<td>N/G</td>
<td>34%</td>
<td>31.2%</td>
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</table>

N/G = Not Given  
P = Primigravida  
M = Multigravida

Note: ICT can accept no responsibility for accuracy of above figures. Figures as supplied by hospitals.
Home Birth Midwives

In this section we have recorded the results of our survey of the home birth sector. These results are based on a 50% response to our questionnaire.

- **Areas covered:**
  All Health Board areas except North-Eastern and South-Eastern areas.

- **NO OF BIRTHS IN 1998:**
  105
  MULTIPLE BIRTHS (LAST 5 YEARS): 0
  (All diagnosed multiple births are referred to the local maternity hospital)

- **Funding:** "All Health Boards except mid-western pay £600 toward midwife costs irrespective of public or private patient status". Those who have private health insurance please contact your insurer for more details.

- **100% carry Indemnity Insurance.**

### ANTENATAL CARE

- No referral letter needed from GP.
- Consultation times: Either in midwife’s home or client’s home “time always to suit mother”.
- Care of older children during consultations: “Mothers make their own arrangements but there was no problem having older children present”.
- Continuity of care: Mother will see the same midwife at each visit.
- Number of consultations. Varies between 9 – 13 visits (one midwife has “no usual pattern”).
- Refreshments available: Tea, coffee, biscuits or whatever the mother provides.
- Information leaflets available from midwives: 50% provide no leaflets. Leaflets on Pregnancy and Breastfeeding are supplied by 2 midwives and 1 midwife also provides leaflets on Health Promotion, Fathers and Parenting.
- 80 – 100% of mothers scanned.
- Amniocentesis testing is not arranged by midwife but 100% would assist mother if she needed to arrange same.

**66.5% of midwives have attended some breastfeeding training days**

### ANTE NATAL CLASSES

**66.6% MIDWIVES GIVE CLASSES ON A ONE-TO-ONE BASIS**
- Some refer mothers to private classes and some give group classes
- CHARGE: 4 of the 6 midwives who replied include antenatal classes in their fee, 2 charge extra for this
  AVERAGE CLASS SIZE: varies from one-to-one classes to between 3 – 7 mothers and their partners.
- Partners are encouraged to attend some/all classes.
- Birth plans are encouraged.
- Topics covered can include: Birth plans, Emotional changes, Pain relief, Exercise in pregnancy, Positions in labour, Relaxation, Breastfeeding, Foetal development, Nutrition in pregnancy, Pelvic floor care, Contraception, Breathing techniques, Partner’s role in labour, Coping with a long labour and postnatal depression
- Mother can make individual arrangements to see the labour ward in her local hospital.

### LABOUR

- Midwife remains with the mother throughout labour and delivery.
- Birth companion(s) (no number specified) welcome at all times including during examinations.
- Birth plans facilitated.
- No shave.
- No enema.
- No routine ARM.
- Foetal monitoring done “intermittently during labour”.
- Walking encouraged.
- Access to bath, shower or ensuite “whatever is available at home”.
- “...no restrictions on food or fluids” during labour.

**PAIN RELIEF:**
- Psychophrophaxis, Entonox, Massage, TENS, Warm water baths.
- Aromatherapy, Homeopathy and Herbal infusions (depending on which midwife you have).

### DELIVERY

- Mother delivers “wherever she wants in her own home”.
- Birthing chair, Birthing ball or facilities for a water birth available depending on each individual midwife.
- Partners/companion, other children welcome to stay throughout labour and delivery.
- The mother is free to choose her own position for delivery including giving birth on the floor.
- Lithotomy position not used.

**EPISIOTOMY RATE:**
- **0 – 1.5%**

**Vaginal breech delivery:**
- **0%**

**Vaginal delivery of twins:**
- **0%**

**Transfer for ventouse delivery:**
- **0 – 5%**

**Transfer for forceps delivery:**
- **0 – 5%**

- Cord cut by person nominated by mother (can be mother, partner, older child, friend or midwife).
- Natural third stage management is practised normally.
- Mother may breastfeed immediately and the baby stays with her.

### CAESAREAN SECTION

- Transfer for Caesarean Section: 10 – 2%
- Vaginal deliveries after previous Caesarean: “Largely dependant on reason for previous C. Section”.

### SPECIAL CARE UNIT

- 0 – 2% of babies transferred to hospital for special care.
- Midwives continue to care for mother and give whatever help “possible or appropriate in the circumstances”.
- Breastfeeding mothers are given: Training in hand expression (50%).
- Training in the use of pumps (66.6%).
- Support and encouragement (100%).
Special support for C-section mothers (16.7%),
Information on storage of breastmilk (83.3%).

IMMEDIATE POSTNATAL CARE

- Vitamin K given to some babies by injection or orally.
- If BCG is required "referral is made to GP or Public Health Nurse for same".
- No routine tests on babies except heel prick test.
- Baby stays with mother all the time and can sleep wherever mum wishes.
- Breastfeeding encouraged by all midwives and demand feeding recommended.
- Access to food between evening meal and breakfast: Mum in own home so access to food is unlimited.
- Visiting: Most midwives recommend to restrict visitors to the house for 4 - 14 days depending on mother's wishes.

99 - 100% of mothers initiate breastfeeding 84% are breastfeeding at 1 week

POSTNATAL PERIOD

- Mother may telephone midwife at any time if she has queries for up to 6 weeks.
- Emergency 24 hour service for mother and baby for 5 - 14 days.
- Daily visits from midwife for 5 - 10 days. Practical support for 5 days - 6 weeks.
- 33.3% of midwives provide the equivalent of the hospital '6 week check-up' for mothers and babies.
- Re: Discussing Birth experience: If a mother wishes to discuss her birth experience she can contact her midwife who will answer her queries.
- GP/Public Health Nurse: "All are informed by telephone or by proforma documentation as appropriate. One of the midwives surveyed said she "notifies antenatal clinic at hospital as well as all of the above."

SPECIAL NEEDS

UNUSUAL CIRCUMSTANCES

- Patients with communication difficulties - "Each case assessed according to individual needs".
- Special support for parents in case of stillbirth or miscarriage: "Whatever is appropriate to the individual parents i.e. visits, telephone support, literature".

DEVELOPMENTS AND SERVICES

- Family planning: 83.3% of midwives provide information (methods depend on individual midwife).
- Referral for genetic counselling: 50% said yes if required.
1. Access to Hospital Services

• You have the right in a medical emergency to be admitted immediately to hospital. In cases other than in an emergency, you will be placed on a waiting list if you cannot be admitted to hospital immediately. If you are on a waiting list and are concerned about your condition, you should consult your family doctor who can then request that your condition be reviewed by your hospital consultant.

• Where a recommended medical procedure is not available at the hospital, you will have the right to ask your hospital consultant to transfer you elsewhere where the procedure is available.

• You have the right, should your admission be cancelled by the hospital, to receive adequate and timely notice of such cancellation. However, in exceptional cases arising from emergency pressures or staff illnesses, your operation may have to be cancelled at very short notice. In these circumstances, the hospital will make every effort to contact you in advance.

• You have the right, in the event of cancellation, to be given a new appointment for an early date and to be treated on a priority basis.

2. Out Patient Services

• You have the right, when your family doctor refers you to hospital for an out-patient appointment, to:
  • receive confirmation within a reasonable time of the date of your first appointment
  • be given an individual appointment time
  • be seen by a consultant or senior doctor on your first appointment.

If you feel your condition has disimproved, you should consult your family doctor who can, if necessary, take up the matter with the hospital.

You have the right, should your appointment at an out-patient department be cancelled by the hospital, to receive adequate and timely notice of such cancellation and to be given a new appointment on a priority basis.

3. Courtesy

• You have the right to be treated in a courteous manner at all times by every member of the hospital staff.

4. Visiting Arrangements

• You have the right to receive visits from your relatives and friends, including children. The hospital must ensure that visiting arrangements are flexible, consistent with the nature of your illness and the needs of other patients.

5. Religious Beliefs

• You have the right to be treated with respect for your religious and philosophical beliefs.

6. Privacy

• You have the right to have your privacy respected, especially when the nature of your clinical condition is being discussed with you or your relatives by hospital staff.

7. Information Concerning Your Treatment

• You have the right to be informed of the name of the consultant under whose care you are being placed, and, if you are to be referred to another consultant, you have the right to be informed of the reasons for such referral.

• You have the right to be informed of the nature of your illness or condition in language which you can fully understand, and to be informed concerning:
  • the results of your tests and x-rays;
  • the purpose, method, likely duration and expected benefit of the proposed treatment;
  • alternative forms of treatment;
  • possible pain or discomfort, risks and side-effects of the proposed treatment.
8. Consent to Treatment

Generally, treatment should only be given to a patient with his or her informed consent or in the case of a child, the consent of a parent or guardian. You may request the presence of a person or persons of your choosing during the procedure for granting consent. The consent form you are asked to sign should clearly state the nature of the procedure to be undertaken.

Only in cases where a patient lacks the capacity to give or withhold consent, and where a qualified medical doctor determines that treatment is urgently necessary in order to prevent immediate or imminent harm, may treatment be given without informed consent.

9. Confidentiality

- You have the right to total confidentiality in respect of your medical records.

You have the right to request the hospital to make details of your relevant medical records available to you. Hospitals will normally meet your wishes in this regard, except where it would be considered that this would cause serious harm to your physical or mental health. In such circumstances, the information may be communicated through a health professional, normally your family doctor.

10. Teaching and Research

- You have the right to refuse to participate in the teaching of medical students by your consultant. Your permission must be sought before a consultant can involve you in the teaching of students. However, your co-operation would be important in view of the need to ensure that future doctors obtain the best possible training.

- You have the right to refuse to take part in any clinical trials or research concerning the use of new drugs or medical devices. Clinical trials and experimental treatment should never be carried out without your informed consent being obtained by the hospital or medical personnel.

11. Discharge

- You have the right on your discharge from hospital to have yourself and your family doctor informed of the nature of your condition, the treatment you received while in hospital, the medication required by you and the arrangements for any further attendance at the hospital.

12. Complaints

- You have the right to complain about any aspect of hospital service, to have the complaint investigated and to be informed of the outcome as soon as possible.

Your hospital has detailed complaint procedures in place and should publicise these prominently throughout the hospital, together with the name and telephone number of the hospital’s designated Complaints Officer.

- You have the right, where your complaint is not resolved to your satisfaction, to have the matter referred to the hospital’s Complaints Committee.

The hospital’s complaints procedures are without prejudice to your statutory rights to complain to the Ombudsman, The Medical Council or An Bord Altranais (The Nursing Board).
Appendix B - WHO/UNICEF Baby Friendly Hospital Initiative

The 'Ten Steps to Successful Breastfeeding' are the foundation of the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI). They summarise the maternity practices necessary to support breastfeeding.

**TEN STEPS TO SUCCESSFUL BREASTFEEDING**

Every facility providing maternity services and care for newborn babies should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

Glossary

**Acceleration:** The speeding up of labour by the use of drugs, usually via a drip.

**Active Management of Labour:** A practice which gives a commitment that a woman will deliver her baby within 12 hours of the confirmation of established labour. Measures taken to achieve this include artificial rupture of the membranes and acceleration.

**Amniocentesis:** A procedure in which a small quantity of amniotic fluid is withdrawn from around the baby (foetus). This sample is examined for rhesus disease and serious medical problems (chromosomal abnormalities) in the baby.

**Amniotic fluid:** The fluid surrounding the foetus in the womb, commonly known as ‘the waters’.

**ARM - Artificial Rupture of the Membranes:** A procedure used to induce or speed up labour, whereby the bag of waters around the baby is broken.

**B/F:** An abbreviation for Breastfeeding.

**Birth Plan:** A written outline of a women’s preferences for her labour and birth.

**Breech presentation:** This is where the baby lies with buttocks and/or legs at the lower end of the uterus.

**Caesarean Section:** An operation to remove the baby through a surgical incision into the mother's lower abdominal wall. The operation is done under epidural/spinal or general anaesthetic.

**Cardiotocograph/CTG:** A machine used to monitor the baby's heart beat in pregnancy or labour, and measuring the strength of contractions. Sometimes known as a ‘monitor’ or ‘trace’.

**Chorionic Villus Sampling:** Diagnostic test for chromosomal abnormalities, usually carried out between the ninth and eleventh week of pregnancy.

**C.E.V./External Cephalic Version:** a method of attempting to turn the baby while still in the womb.

**EFM/Electronic Foetal Monitoring:** - internal or external - is monitoring of the baby's heartbeat by a machine. This may form part of the admission procedure of a hospital birth.

**Entonox:** A method of pain relief. Entonox is a mixture of oxygen and nitrous oxide taken via a face mask.

**Epidural:** An anaesthetic injection which numbs the lower part of the mother’s body. It is given as an injection, then continuous drip into the lower back.

**Episiotomy:** A cut made into the tissues behind the entrance to the vagina (perineum) to ease the delivery of the baby.

**Foetal Blood Sampling:** A sample of blood taken from the baby while still in the womb to establish whether or not the baby is distressed in labour.

**Forceps:** Curved metal tongs which cradle the baby’s head to assist delivery in certain circumstances.

**Genetic Counselling:** Specialised counselling given to a couple regarding the possibility of any of their children having an inherited disorder.

**Induction:** Labour started artificially instead of waiting for it to occur naturally.

**I.U.G.R./Intra-Uterine Growth Retardation:** a condition in which the baby fails to grow properly in the womb.

**Kangaroo Care:** A form of skin to skin contact for pre-term/small infants who are clinically stable. The infant is held in an upright position, skin-to-skin between the mother’s breasts and kept warm.

**Lactation Consultant:** A specialist who holds a registered professional qualification in Lactation (Breastfeeding). Paediatricians, Obstetricians and Midwives etc. may train to obtain the qualification of International Board Certified Lactation Consultant (IBCLC).

**Lithotomy Position:** A position in which the woman lies on her back with her legs held apart and her feet supported, in stirrups.

**Multip/Multigravida:** A woman pregnant for the second or subsequent time.

**Neonatologist:** A doctor who specialises in the care of new-born infants.

**NICU:** Neonatal Intensive Care Unit.

**Obstetrician:** A doctor who specialises in pregnancy and childbirth.

**Oxytocin:** A drug used to make the uterus contract/ a naturally occurring hormone.

**Paediatrician:** A doctor who specialises in the care of children.

**Perineum:** The area behind the vaginal opening.

**Pethidine:** A drug which is given by injection to reduce or alleviate pain.
RE.T./RE.: Pre-eclamptic Toxaemia, usually known as Pre-eclampsia or Toxaemia of Pregnancy. A condition in which high blood pressure, protein in the urine and fluid retention are usually present. This condition may require the baby to be delivered early.

PHN: Public Health Nurse.

Pinard stethoscope: An ear trumpet used to listen to the baby’s heart beat.

Primip/Primigravida: A woman pregnant for the first time.

Prostaglandin: A naturally occurring body chemical or a drug which is used to stimulate the uterus to contract, normally given by gel or vaginal tablet. This is often the first procedure used for induction.

Psychoprophylaxis: Preparation for birth by learning controlled relaxation and understanding the process of labour.

Rooming-in: The practice where each mother is able to keep her baby alongside her on the postnatal ward.

SCBU: Special Care Baby Unit.

Sonicaid: An instrument used to listen to the baby’s heart beat.

Suturing: Stitching of any cut or tear that has occurred during birth.

Syntocinon: A synthetic hormone given by a drip to speed up labour.

Syntometrine: A drug given to speed up the delivery of the placenta (afterbirth).

TENS: A form of pain relief which is self administered via a control unit and electrodes on the woman’s back. TENS means Transcutaneous Electronic Nerve Stimulation.

Trial of Scar: A term used where a woman tries to labour normally following a previous Caesarean Section. She is monitored closely during her labour, with close observation of the scar.

Trial of Labour: A term used where a woman is observed closely during labour to see if a Caesarean Section may be necessary.

Tubal Ligation: A method of female sterilisation. The fallopian tubes are sealed or tied off so that eggs cannot reach the womb and be fertilised.

Ultrasound Scans: A method of assessing the health and position of the baby and placenta during pregnancy. High frequency sound waves examine the uterus and are shown on a screen.

Ventouse/Vacuum Extraction: A method of assisted delivery where a cap is placed on the baby’s head and vacuum pressure is applied to speed up delivery.
Useful Contacts

An Bord Altranais - Midwives Section
(01)676 0226

Association of Lactation Consultants of Ireland
(01)840 3349

Barnardos
Christchurch Square, Dublin 8 (01) 453 0355

Cherish Limited
Association of One-Parent Families
2 Lower Pembroke Street, Dublin 2 (01) 662 9212

Cuidiu - Irish Childbirth Trust
(01) 872 4501

Family Mediation Service
(01)872 8277

Gingerbread (Ireland)
A Support Organisation for Single Parents
29/30 Dame Street, Dublin 2 (01) 671 0291

Home Births Association of Ireland
(01) 285 3264

Incubabes
Premature Babies Support Group
1850 421 428

Irish College of General Practitioners
(01) 676 3705

Irish Deaf Society
30 Blessington Street, Dublin 7 (01) 872 5748

Irish Family Planning Association
(01)878 0366

Irish Multiple Birth Association
PO Box 5053, Swords, Co Dublin (01) 845 1087

Irish Patients’ Association
78 Seafield Court, Killiney, Co Dublin (01) 668 3897

Irish Stillbirth and Neonatal Death Society
Carmichael House, North Brunswick Street, Dublin 7
(01)822 4688

Irish Sudden Infant Death Association
Carmichael Centre, North Brunswick Street, Dublin 7
(01) 873 2711 or Freephone: 1850 391391

Irish Wheelchair Association
Achas Chuchulain, Blackheath Drive, Clontarf, Dublin 3
(01)6616183

La Leche League of Ireland
(01) 840 1493 Please refer to your local telephone directory

Miscarriage Association of Ireland
Carmichael Centre, North Brunswick Street, Dublin 7
(01) 873 5702 / 872 2914 / 872 5550

Maternity Benefit Section
Social Welfare Services Office
(043)45211 or 01. 874 8444

National Council for the Blind
(01) 830 7033

Parentline
Organisation for Parents Under Stress
(01)873 3500

Postnatal Distress Association
(01)872 7172

Public Health Clinic
Please refer to your local telephone directory.

Well Woman Centre
Please refer to your local telephone directory.

Acknowledgments

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